

122000237437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

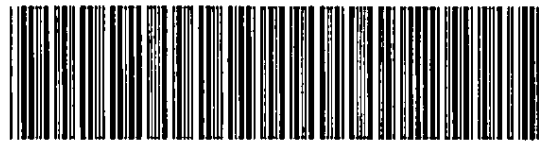
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Received
10/25/22

Office Use Only



200390419652

07-05-22--01004--012 **25.00

S. CHATHAM
DEC 19 2022

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 OCT 25 PM 6:26



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 OCT 25 AM 8:14

October 3, 2022

THOMAS MCINTYRE
2059 SW BALATA TERRACE
PALM CITY, FL 34990 US

SUBJECT: PROPER STUART, LLC
Ref. Number: L22000237437

We have received your document for PROPER STUART, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The action selected indicated that a title was changing for Thomas, however there are two titles for Thomas, which one would be changed?

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Summer Chatham
Regulatory Specialist II

Letter Number: 922A00022031

Revised
& Edited
Document

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Proper Stuart
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas McIntyre

Name of Person

Proper Stuart

Firm/Company

2059 SW Balata Terrace

Address

Palm City, FL 34990

City/State and Zip Code

mcin4tom@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas McIntyre	772	486-7508
	at ()	
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Proper Stuart, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on June 2nd, 2022 and assigned
Florida document number L22000237437.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>AMBR</u>	<u>Thomas McIntyre</u>	<u>2059 SW Balata Terrace, Palm City, FL 34990</u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>AP</u>	<u>Gina Penafior</u>	<u>2059 SW Balata Terrace, Palm City, FL 34990</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Thomas McIntyre</u>	<u>2059 SW Balata</u>	<input checked="" type="checkbox"/> Add
		<u>Terrace, Palm City, FL</u>	<input type="checkbox"/> Remove
		<u>34990</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

22 OCT 25 PM 6:26
DIVISION OF
PROPERTY
RECORDS
FILED IN

22 OCT 25 PM 6:26

SECRET
STANDARD OF STAFF
DIVISION OF CORRUPTION
#2 OCT 25 PM 6:26

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Thomas, McIntyre
Signature of a member

Signature of a member or authorized representative of a member

Thomas McIntyre

Typed or printed name of signee

Filing Fee: \$25.00