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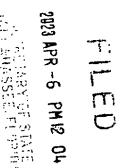
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LLC N/C & Amend

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A. RAMSEY MAY 3 0 2023

COVER LETTER

TO: Registration Section Division of Corporations	,		1
SUBJECT: ST	Developme, Name of Limite	d Liability Company	ł
The enclosed Articles of Amendme	ent and fee(s) are subm	itted for filing.	
Please return all correspondence co	oncerning this matter to	the following:	
	Stanley	E. Downer Name of Person	
	ST Der	elopment LLC	
<u> 15</u>	91 Lane	Aves 429c	!
Ji	cksonville	FL 32210	<u> </u>
_\$0	Helevelopement Herman addless; (to	entlk@amil.com	
For further information concerning	this matter, please call	:	
Stanley Down	V	at (904) 360 - Area Code Daytim	9419 e Telephone Number
ŕ			
Enclosed is a check for the following	ng amount:		
	.00 Filing Fee & ertificate 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:		Street Address:	
Registration Section		Registration Se	
Division of Corporation	ons	Division of Cor	
P.O. Box 6327 Tallahassee, FL 32314	4	The Centre of T	allahassee e Street, Suite 810
rananassee, r.L. 323 P	т	##15 IA' IAIOIIIO	e pacet pante triv

Tallahassee, FL 32303

ARTICLES OF A	AMENDMENT
ARTICLES OF O	RGANIZATION LED
Ol	F 2023 APR - 6
	RGANIZATION RGANIZATION F AL AL ARY OF TAL ARY OF
	T.1 0 000
The Articles of Organization for this Limited Liability Company of Florida document number <u>L230001e2888</u> .	were filed on Flb 2, 1003 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
ST Development LLC The new name must be distinguishable and contain the words "Limited Liabili	to Company "the designation "LLC" or the abbreviation "LLC"
	I FOR A ! I F CLOSE
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Jacksoville FL 32211
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
agent and/or the new registered office address nere.	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre	e to act in this capacity. I further agree to comply with the
provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pa	performance of my duties, and I am familiar with and
being filed to merely reflect a change in the registered office of	
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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□∧dd
			□Remove
		-	
			□Add
			Remove
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			□Change

). If am	ding any other information, enter change(s) here: (Attach additional sheets. if necessary.)
•	
-	
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-	
•	
-	
-	
•	
. Effect	e date, if other than the date of filing:
(If an ef Note:	tive date, if other than the date of filing:
the recordis fi	specifies a delayed effective date, but not an effective time, at 42:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated	·
	Signature of a member or authorized representative of a member
	1
	Typed or printed name of signee

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