

L24000096309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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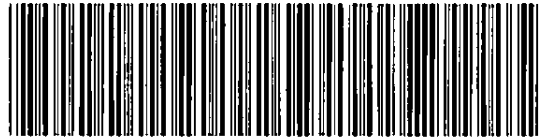
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Custom Pool Remodels By David Austin Stanley
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:

David Austin Stanley
Name of Person

Firm/Company

3730 Bluff LN
Address

St Augustine FL 32086
City/State and Zip Code

Florida Mud Brothers @Gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Stanley at (321) 586 7601
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

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TALLAHASSEE, FL

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

Custom Pool Remodels By David Austin Stanley
(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 March 8th 2024 and assigned
Florida document number L24000096309 Feb 23.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3730 BLUFF LN

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3730 BLUFF LN
St Augustine FL
32086

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:

David Austin Stanley

New Registered Office Address:

3730 BLUFF LN

Enter Florida street address

St Augustine

City

Florida

32086

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.

David A Stanley
If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FL

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>
--------------	-------------	----------------	-----------------------

~~AMBR~~

~~David Stanley~~

_____ ☐ Add

_____ ☐ Remove

_____ ☐ Change

AMBR

David Stanley

3730 Bluff Ln ☒ Add

_____ ☐ Remove

_____ ☐ Change

_____ ☐ Add

_____ ☐ Remove

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SECRETARY OF STATE
TALLAHASSEE, FL

2021 MAR 28 AM 9:16

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

FILED

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FILED
2024 MAR -8 AM 9:16
90th day after the
SECRETARY OF STATE
TALLAHASSEE, FL

2024

Signature of a member or authorized representative _____

Signature of a member or authorized representative of a member

David Austin Stanley
Typed or printed name of signee