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	(Requestor's Name)	
	(Address)	
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	(City/State/Zip/Phone #)	
PICK-UP	wait	MAIL
	(Business Entity Name)	
	(Document Number)	
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Certified Copies	Certificates of	Status
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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

(850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

# WALK IN

	PICK UP:	: JENA 10/17
	CERTIFIED COPY	
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# **COVER LETTER**

SUBJECT:	STAND TA	ALL BAR, LLC	
50bJEC1:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
		Cleve Mash	
	•	Name of Person	<del></del>
		STAND TALL BAR, LLC	
		Firm/Company	
	1479	0 N Congress Ave, Suite 102	
		Address	
	We	est Palm Beach, FL 33409	
		City/State and Zip Code	··· <del>-</del>
		cleve14@aol.com	
		to be used for future annual report no	tification)
For further information co	incerning this matter, please ca	alt:	
Cleve Mash		561 818-6274	
Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	e 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 S		Street Address: Registration Se	action

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

TO: Registration Section
Division of Corporations

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

1-11-51

2024 OCT 17 AM 10: 56 STAND TALL BAR, 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  $\frac{04/02/2024}{1}$ and assigned L24000152631 Florida document number 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." 1470 N. Congress Avenue, Suite 102 Enter new principal offices address, if applicable: West Palm Beach, FL 33409 (Principal office address MUST BE A STREET ADDRESS) 1470 N. Congress Avenue, Suite 102 Enter new mailing address, if applicable: West Palm Beach, FL 33409 (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 City

#### 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 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>	Name	Address	Type of Action
MGR	Cleve Mash	1470 N. Congress Avenue, Suite 102	■Add
		West Palm Beach, FL 33409	□Remove
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is filed.	e date, our not	ar enective th	ne, at 12.01 a.n	i. On the carner of	. ( <i>0)</i> The 30th	day after th
October 16		2024				
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Filing Fee: \$25.00