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15 JUN 19 MIII: 18
SECRETARY OF STATE

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COVER LETTER

TO:	Registration Security Division of Cor						
CHDIL		1327 10th St. LLC					
SUBJE	CT:		ited Liability Company				
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		Charles Theocles					
			Name of Person				
			Firm/Company				
	12864 Biscayne Blvd #401						
	Address						
		North Miami FL 3181					
			City/State and Zip Code				
		ctheocles2@gmail.com	to be used for future annual report notif	Testion)			
For furt	ther information co	oncerning this matter, please ca	·	(Canon)			
Charles	s Theocles		305 877-2030 at ()				
	Name of	f Person	Area Code Daytime	e Telephone Number			
Enclose	ed is a check for th	ne following amount:					
s \$25	5.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1320 10th St. LLC		
(Name of the Limited (A	Liability Company as it now appears on our reco Florida Limited Liability Company)	ords.)
V.	, , , , , , , , , , , , , , , , , , , ,	
The Articles of Organization for this Limited Liab	ility Company were filed on 6/09/15	and assigned
Florida document number L15000100543	·	EG & TI
This amendment is submitted to amend the follow	ing:	JUN 19 LAHASS
A. If amending name, enter the new name of the	e limited liability company here:	STEPLOS TO
1327 10 ST L.L.C.		FLOR
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "L	LC" or the abbreviation L.L.C."
Enter new principal offices address, if applicab	le:	D
• •		
(Principal office address MUST BE A STREET A	<u> </u>	
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	OX)	
B. If amending the registered agent and/or	registered office address on our reco	rds, enter the name of the new
registered agent and/or the new registered offic	2	distribution of the factor
Name of New Registered Agent:		
Name of New Registered Agent.		1011
New Registered Office Address:	5 - 61 -1	
	Enter Florida street ada	ress
	7	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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		A	☐ Remove
			Change
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