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C/ 8/29/2022

## **COVER LETTER**

TO: Registration Section
SUBJECT: 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:
Stephenie Marie Bradley  We Step On It Healty U.C.  Firm/Company  7210 Pembroke Rd Apt 9  Address  Miramar Florida 33023  City/State and Zip Code  Shradley & Westep On It. (Om  E-maj address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person   at (106) 793 5375  Area Code   Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status  □ \$55.00 Filing Fee & Certificate of Status  □ \$60.00 Filing Fee,

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

(Name of the Limited Liability Company as it now appears on our records)
(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 03/10/2000 and assigned Florida document number 12000/646
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:  We Step On It Realty Library:  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: 8910 Mirarrar Parkural
(Principal office address MUST BE A STREET ADDRESS) Suite 211-E Miramar, Florida 33025
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: Stephenie Marie Brada
New Registered Office Address: 8910 Miramar Parkway Suite 211-E
Miramar, Florida 33035
Ety 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 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 Address AMBR Statione Marie Bradley \_\_\_\_ □Remove \_\_\_\_\_ Change \_\_\_ Remove \_\_\_\_\_ □Change \_\_\_\_\_ □Add □Remove □Change \_\_\_ □Add \_\_\_\_\_ □Remove \_\_\_\_\_ □Change \_\_\_\_\_ □Remove

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t		Signature of	'a member or author	orized representative	of a member		-

Filing Fee: \$25.00