L2000018440

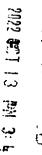
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status		
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Na	me)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status		
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status		
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(0)	N
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/State/Zip/P	rnone #)
(Document Number) Certified Copies Certificates of Status	PICK-UP WA	IT MAIL
(Document Number) Certified Copies Certificates of Status		
Certified Copies Certificates of Status	(Business Entity	Name)
Certified Copies Certificates of Status		
	(Document Num	ber)
Special Instructions to Filing Officer:	Certified Copies Certif	icates of Status
Special Instructions to Filing Officer:		
	Special Instructions to Filing Officer:	

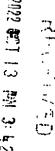
Office Use Only

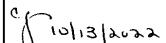


900395778479

10/14/22--01001--003 **82.00







COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: We	Step On-	It Kealfy Le	16
	Name of Limite	d Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.	
Please return all correspon	ndence concerning this matter to	the following:	
	Stephenie	Marie Bradle	·i/
	We Step	On It Bralt	y LLC.
	8910 Mi	ramar Parkway	1 Sude 211-E
	Miramar,	FZ 33025 City/State and Zip Code	
	Sbradhy@ E-mail addfess: (to	Westernand Zip Code Westernand Zip Code be used for future annual report notif	fication)
For further information co	oncerning this matter, please cal		
Stephenic .	Bradle of	at (786) 942 Area Code Daytime	-53/5 e Telephone Number
.vanie o	/	And Code Dayank	receptione (value)
Enclosed is a check for th	ie following amount:		
□ \$25 00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

We Step On TH Kealful UC 2022 COT 13 FT 413
(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 <u>03/10/2020</u> and assigned Florida document number <u>200078 460</u> .
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)
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:
New Registered Office Address: Enter Florida street address
, Florida
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 = Manager

AMBR = Authorized Member

Title AMBR	Stephenie Bradby	Address 7210 Pembrone Rd Apt 9 Miramar FC 33033	Type of Action Add
			Remove
H <u>MBR</u>	Septenie Vladij	8910 Miromar Parkuny Suite 211 E Miramar #4,33025	
			□Change □Add
			□Remove □Change
			□Add ·
			□Change
			□Remove □Change
			□Add □Remove
			□Change

	
·	
	
	
ective date, if other tha	an the date of filing: (optional)
effective date is listed, the da	ate must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.
	this block does not meet the applicable statutory filing requirements, this date will not be liste the Department of State's records.
cord specifies a delayed et	ffective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
- 61 4	
s filed.	
$\bigcap JJ$	13/" 2023
ed October	131" 3033
$\bigcap JJ$	131" 3033

Filing Fee: \$25.00