

W21 000 449 360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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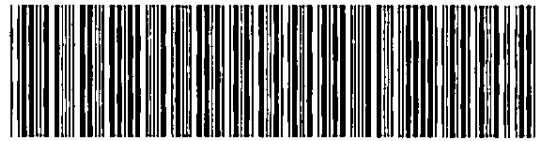
(Business Entity Name)

(Document Number)

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2022 JUL 18 AM 7:29  
TALLAHASSEE, FLORIDA

OCT 19 2022

J. PRATHER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: STEAL THE DEAL NCLEX REVIEW, LLC  
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:

REV BEATRICE CAYO, OWNER/PRESIDENT/CEO/MGR/AMBR  
Name of Person

STEAL THE DEAL NCLEX REVIEW, LLC  
Firm/Company

Office Address: 3951 N. HAVERHILL RD SUITES 203 & 219 West Palm Beach, FL 33417  
Mailing Address: 10 WALNUT COURT  
Address

LEOMINSTER, MA 01453  
City/State and Zip Code

UNITABERNACLESHILOH@gmail.com or  
E-mail address: (to be used for future annual report notification)  
docfequi2009@gmail.com

For further information concerning this matter, please call:

REV. BEATRICE CAYO, OWNER/PRESIDENT/CEO/MGR/AMBR  
Name of Person at (339) 440-7335 or (774) 615-9546  
Area Code Daytime Telephone Number

OR DR JUNIOR BERNARD FEQUIERE, MD, DBCYN, CO-OWNER/COO/MGR/AMBR

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

STEAL THE DEAL NCLEX REVIEW, 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 10/14/2001 and assigned Florida document number L21000449360.

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)

2002 JUL 18 PM 7:28  
TALLAHASSEE FLORIDA

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

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 = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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CO-OWNER/ COO/MGR	DR JUNIOR BERNARD FEQUIERE	3951 N HAVERHILL RD SUITES 203 & 219 West Palm Beach, FL 33417	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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AMBR	DR JUNIOR BERNARD FEQUIERE	3951 N HAVERHILL RD SUITES 203 & 219 West Palm Beach FL 33417	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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**D. If amending any other information, enter change(s) here:** (Attach additional sheets, if necessary.)

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 07/14/2022

Rev Beatrice Cayo  
Signature of a member or authorized representative of a member

REV. BEATRICE CAYO  
Typed or printed name of signee

2022 JUL 18 AM 7:28  
 FALL DISTRICT FILING  
 STATE OF FLORIDA