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SECRETARY OF STATE

COVER LETTER

TO:

TO:	Registration Se Division of Co		·	
SUBJE	CT:	Stephen Shou	ppe Enterprises, LLC	
0020			ted Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			Stephen Shouppe Name of Person	
			Firm/Company PO Box 1213	
			Macclenny, FL 32063 City/State and Zip Code	
		Steph E-mail address: (nenshouppe@gmail.com to be used for future annual report notific	ation)
For fur	ther information o	concerning this matter, please of	call:	
Stephen Shouppe Name of Person		· 	at (904) 2 Area Code & Daytime	28-1083 Telephone Number
Enclose	ed is a check for t	he 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)
ţ	Regista Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cen Tallahassee, FL 3230	tions ter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stepho (Name of the Limited (/	en Shouppe Liability Compan	Enterprises,	LLC rs on our records.)		
(/	A Florida Limited L	iability Company)			
The Articles of Organization for this Limited L	were filed on	12/08/2003	and assigned		
Florida document numberL0300005					
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liabi	ility company her	<u>:e</u> :		
	Shouppe Contr	acting, LLC			
The new name must be distinguishable and end wi "L.L.C."	th the words "Limit	ed Liability Compa	nny," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applic	eable:	N/A	***		
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable:		N/A			
(Mailing address MAY BE A POST OFFICE	BOX)	N/A			
	·				
B. If amending the registered agent and/ registered agent and/or the new registered o			our records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A		M	mt .	
		En	ter Florida street add	ein 🍮	
			, Florida		
		City		Zip Cede	
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered the provisions of all statutes relative to the process accept the obligations of my position as regional being filed to merely reflect a change in the company has been notified in writing of this	proper and compl istered agent as p registered office	lete performance provided for in C	of my duties, and I a hapter 608, F.S. Or, i	m familiar with and Pihis document is	

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = N	nager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
	·		Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_
			-
	June 8th . 20	010	_
		or authorized representative of a member	
	Typed	tephen Shouppe for printed name of signee	

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Filing Fee: \$25.00