## 205000076223

(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
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05 AUG 26 PH 2: 15

## TRANSMITTAL LETTER

TO: Registration S Division of C					
SUBJECT:	STEVE	EN EDWARDS, LLC			
SOBJECT:	(Name of Li	mited Liability Company	')	<del></del>	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corres	spondence concerning this matter	r to the following:			
		EN J. EDWARDS			
	()	Name of Person)			
		N EDWARDS, LLC			
	(1	Firm/Company)			
	6713 (	OLOKEE STREET			
		(Address)			0
_		A CITY, FL 32404			5 Z
	(City/	State and Zip Code)		<u> </u>	326
For further information	n concerning this matter, please o	cail:		C. C.	05 NUS 26 PH 2: 1
STEVEN ED	WARDS	at ( 850	960-2225	LOR	- -
<del></del>	(Name of Person)		le & Daytime Tel	ephone Number	UI
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	<b> ■ \$30.00</b> Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is	enclosed) C	3 \$60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is er	&

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	STEVEN E	EDWARDS, LLC						
	(Pre (A Florida Limi	sent Name) ted Liability Company)						
	_							
FIRST:	The Articles of Organization were filed on AUGUST 1, 2005 and assigned document number £05000076223 and assigned							
SECON	: The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:							
	DDRESS: THE MAILING AND PHYSICAL ADI ANGED TO THE FOLLOWING:	PRESS FOR STEVEN EDWA	RDS, LLC DOCUMENT	#L050000 <b>7622</b> 3				
713 OLOKEE ANAMA CITY								
CERTIFY TH	S TO BE CORRECT AS REGISTERED AGENT	FOR THE ABOVE COMPAN	Υ.					
			TALI	05				
				200				
			Annoba	26				
<b>σ.</b> ι Δ	UGUST 24, 2005		f · Fr.	P				
Dated C	, 2000	<del></del> ·	řĽŐ	₩.				
	State	Mary	zž. FĽORIDA	6				
	Signature of a member or aut	horized representative of a memb	ner .					
		J. EDWARDS, REGISTERE	) AGENT					
	Typed or prin	ited name of signee						

Filing Fee: \$25.00