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ALLAHASSEE P. STATE

COVER LETTER

Division of Co	rporations		
SUBJECT:	Stepping Stane (Name of Lim	to Excellence Lited Liability Company)	the
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	ALCG S
	Robert Wil 327 Office	(Name of Person) Plaza (Firm/Company)	M26 PH 1:14 AHASSEE, FLORIDA
	TATIAHASSEE,	(Address)	
For further information of	concerning this matter, please c	all:	
Tiffany W	of Person) Wilson	at (<u>\$50</u>) <u>545-16</u> (Area Code & Daytime T	29 elephone Number)
Enclosed 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)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 Stepping Stone	to Excellence	LLC
Name of the Limited Liz (A Flo	bility Company as it now apperrida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited Liabi Florida document number	lity Company were filed on <u>A</u>	7 07 08 TALEGAR SECRETAR 26
This amendment is submitted to amend the following	ng:	EE. F
A. If amending name, enter the new name of the	e limited liability company h	ere:
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Com	pany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:	•
(Principal office address MUST BE A STREET A	(DDRESS)	
		·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	
	 .	
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	(1	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 608, 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 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 = Manager

MGRM = Managing Member

Title <u>Address</u> Type of Action <u>Name</u> Derrick Tarmer

Geraldine Roberson 🗖 Add Remove ■ Add Kemove Add 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member yped or printed name of signee

Page 2 of 2

Filing Fee: \$25.00