

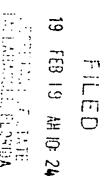
(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone #	)
PICK-UP	<b>W</b> AIT	MAIL
(Bu	siness Entity Name	
(Ďc	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	





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15/20/19

## **COVER LETTER**

Division of Co	rporations		
Steimetz ! SUBJECT:	loldings, LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Louis Steinmeiz		
		Name of Person	<del></del>
	5480 Penway Dr	Firm Company	
	24001 (IIway 17		
	Orlando, FL 32814	Address	
	louis.c.steinmetz/a gmail.co	City/State and Zip Code m	<del></del>
		to be used for future annual report noti	fication)
For further information c	concerning this matter, please e.	all:	
Louis Steinmetz		407 353-2824	
Name o	of Person	Area Code Daytim	e Telephone Number
hnelosed 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)
Registi	ING ADDRESS: ration Section on of Corporations	STREET/COURI Registration Section Division of Corpor	)n

P.O. Box 6327 Falfahassee, Ff. 32314

TO:

Registration Section

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Steinmetz Holdings, LLC			
(Name of the Limit	ed Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited L	iability Company	were filed on 05/22 2018	and assigned
Florida document number L08000051462	<u> </u>		
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited lial	pility company here:	
The new name must be distinguishable and contain the w	ords "Limited Liab	dity Company," the designatio	n "LLC" or the abbreviation "L. L. C."
Enter new principal offices address, if applic	able:	5480 Penway Di	
(Principal office address MUST BE A STREE	T ADDRESS)	Orlando, FL 32814	
			B 2
Enter new mailing address, if applicable:		5480 Penway Di	O E D
(Mailing address MAY BE A POST OFFICE BOX)		Orlando, FL 32814	85 5
			0:0 <b>2</b> <b>₹</b>
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered o fice address her	ffice address on our re <u>'e</u> :	ecords, <u>enter the name of the n</u>
Name of New Registered Agent:	Martin Rosentl	nal	
New Registered Office Address:	1059 Maitland	Center Commons, BLVD S	Suite 200
		Enter Florida street	address
	Maitland		Florida <u>32751</u>
		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>	Type of Action
MGRM	STFINMETZ, CHARLES P TRUSTEE	321 W.Reading Way	<del></del>
	TROSTER	WINTER PARK, EL 32789	
			■ Remove
	STELLING ALTERNATION OF		□ Change
MGRM STEINMETZ, LOUIS C	STEINMETZ, LOUIS (	5480 Penway Di Orlando, FL 32814	
			Remove
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			□ Remove
		<del></del>	□ Change

7. If amending any other information, enter change(s) here: tAttach additional sheets, if neces	sary.)
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	(A) (A)
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	-
Effective date, if other than the date of filing:	no 1 Programs to 605 0207 (
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m ) The 90th day after the record is filed.	n, on the earlier of:
Dated 3/13/3019  Letter Defended  Signature of a member or without ed tepresentative of a member	· · - · · · · · ·
Loa Scinnetz	

Page 3 of 3

Filing Fee: \$25.00