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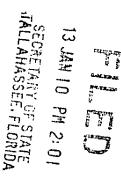


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ETOS I I NACY B. KOHR



## **COVER LETTER**

Division of Corp			
SUBJECT: Steah	Name of Limit	Repair LLC	
	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	E. C. 72.
			0
	Stephen Pu	later	
		Name of Person	•
	Stephens Lock	+ Owr Repair LLC Firm/Company	····
		Firm/Company	
	1732 Willow	Dak Orive	
		Address	
	Edge water	FL 32132	
	Edgewater	City/State and Zip Code	
	Stephens lockse E-mail address: (b	o be used for future annual report notificati	<u> </u>
For further information co	oncerning this matter, please ca	all:	
Stanon Oc	ake a .a	201 1120-1426	1
Name of	Person	at (3 86 ) 429-4357 Area Code & Daytime Te	lephone Number
Enclosed is a check for th	e 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stephen's Lock - Door Repair 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	ty Company w	ere filed on _9/30	108	and assigned
Florida document number 400000925	70			TO SEE COMMENT
				10000000000000000000000000000000000000
This amendment is submitted to amend the following	g:			SSE
A. If amending name, enter the new name of the	limited liabili	ty company here:		LES 13
stephens Lock Service	LLC			9E 0
The new name must be distinguishable and end with the "L.L.C."	words "Limited	1 Liability Company,"	the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:	:	HA		·
(Principal office address MUST BE A STREET AL	DDRESS)			
Enter new mailing address, if applicable:		MA		
(Mailing address MAY BE A POST OFFICE BOX	2			
B. If amending the registered agent and/or registered agent and/or the new registered office and agent and agent and agent and agent and agent agent agent agent agent agent.	address here:	ce address on our		
	_			<del></del>
New Registered Office Address:	<u>HA</u>	Enter 1	Florida street ad	dracs
	· · · · · · · · · · · · · · · · · · ·		, Florida	Zip Code
New Registered Agent's Signature, if changing Regis		ony.		zip coue
TO THE PROPERTY OF THE PARTY OF	tor our reports.			
I hereby accept the appointment as registered age the provisions of all statutes relative to the prope accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	er and comple ed agent as pr etered office a nge.	te performance of n ovided for in Chapt	ny duties, and I ter 608, F.S. Or	am familiar with and if this document is
	If Change	ng Registered Agent, S	ignature of New R	egistered 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

	Add
	Remove
	<u>.</u>
 	Add
	Add
	Remove
 	$\Box$
	Remove
 	Add
	Remove
	Add
	Remove

- НА	
· · · · · · · · · · · · · · · · · · ·	
markon Plater	
Signature of a member or authorized representative of a member	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00