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COVER LETTER

TO: Registration Section Division of Corporation	
SUBJECT:	Sugie Stedham LLC
	Name of Limited Liability Company
The enclosed Articles of Art	nendment and fee(s) are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
	Connie Stedham
	Name of Person
	Firm/Company
	5104 Indian Bend Ln Address
	Address
	FORT Pierce, Florida 34951 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information cond	erning this matter, please call:
Connie S	Stedham at (772), 473-4611 Area Code & Daytime Telephone Number
Name of Pe	rson Area Code & Daytime Telephone Number
Enclosed is a check for the f	following amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 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

09 MAY 14 AM 10: 33

باست محم	4		441141	WILLIO, 22
Sugre Sted	han	1 LLC	SECRETARY	OF STATE
(Name of the Edmited Liability Comp (A Florida Limited	pany as it n d Liability C	ow appears on ou ompany)	ir records.	CTLUKIUA
The Articles of Organization for this Limited Liability Compar		_		
The Afficies of Organization for this Elimited Elability Compar	my were me	uon <u>ripi i j</u>	- 1, 000 (and assigned
Florida document number <u>L 09000038503</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li				
Connie Stedha	am.	LLC		
The new name must be distinguishable and end with the words "Li "L.L.C."	imited Liabil	ity Company," the	e designation "LLC'	or the abbreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	!			
Fatara and the address of amplicables				
Enter new mailing address, if applicable:		···		
(Mailing address MAY BE A POST OFFICE BOX)				
	-			. ==
B. If amending the registered agent and/or registered	office add	ress on our rec	cords, <u>enter the</u>	name of the new
registered agent and/or the new registered office address h				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		4.00.00	, Florida	
··· ····	City		Ź	lip 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 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:

2	<u>Name</u>	<u>Address</u>	Type of Actio
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Filing Fee: \$25.00