

L10000063487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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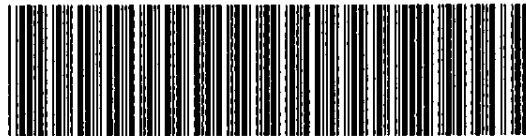
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
2013 FEB 13 AM 1:26

C. LEWIS
FEB 14 2013
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Step by Step Investment, LLC.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roseline Noel

Name of Person

Step by Step Investment, LLC.

Firm/Company

710,712 Universe Dr.

Address

Pembroke Pines, Fl. 33027

City/State and Zip Code

rosienoel_rosienoel@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roseline Noel

Name of Person

786 426-1734

at ()

Area Code & Daytime Telephone Number

Enclosed is a check for the 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**

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DIVISION OF CORPORATIONS

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Step by Step Management Solutions, 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 Company were filed on 06/14/2010 and assigned
Florida document number 110000063487.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Step by Step Investment, LLC.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 246584

Pembroke Pines, Fl. 33027

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Roseline Noel

New Registered Office Address:

2321 utopia Dr.

Enter Florida street address

Miramar

Florida 33023

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:

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MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Roseline Noel	2321 utopia Dr.	<input checked="" type="checkbox"/> Add
		Miramar, Fl. 33023	<input type="checkbox"/> Remove
MGRM	Hans Supre	855 NW 155 Terr.	<input checked="" type="checkbox"/> Add
		Pembroke Pines, Fl. 33028	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

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Dated 02/05/ 2013



Signature of a member or authorized representative of a member

Roseline Noel

Typed or printed name of signee

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Filing Fee: \$25.00