L10000114854

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



000189142750

01/04/11--01053--011 **60.00

TIMAR 24 PM 3: 33
SECRETARY OF STATE
ALLAHASSEE, FIORIE



EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 5, 2011

KOBENA M. WOYOME STEWISE USA, LLC 160 FORESTER COURT WELLINGTON, FL 33414

SUBJECT: STEWISE USA, LLC Ref. Number: L10000114854

We have received your document for STEWISE USA, LLC and your check(\$) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 911A00000391

COVER LETTER

TO:	Registration S Division of Co			•	
SUBJECT: STEW			/ISE USA, LLC		•
	<u> </u>	Name of Lin	nited Liability Company		
The end	closed Articles o	f Amendment and fee(s) are su	ubmitted for filing.		
Please r	return all corresp	ondence concerning this matte	er to the following:		
кс		<u> </u>	OBENA M. WOYOME		
			Name of Person		
;			STEWISE USA, LLC		SE =
			Firm/Company	*	CARE S
160			60 FORESTER COURT		HAR 24 PH 3: 33 A HAR 24 PH 3: 33 A FERRETARSEE, FLORIG
			Address		四 3
		w	ELLINGTON, FL 33414		3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3
	City/State and Zip Code				5F. 3
		E-mail address:	sedark@hotmail.com (to be used for future annual report notific	cation)	
For furt	her information	concerning this matter, please	•	,	
	RICHA	ARD K. AHLIJAH	at (_561)	779-1476	
	Name	of Person	Area Code & Daytime	Telephone Number	
Enclose	d is a check for t	the following amount:			
	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &
	Regist Divisio	LING ADDRESS: ration Section on of Corporations 60x 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building	ı	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

STEWISE USA, LLCico asilar for agent on game

160 Forester Court (1971) A Data and Change of the Court of the Court

March 17, 2011

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

Attention: Joey

AMENDMENT - L10000114854

Enclosed are completed forms for amendment filing to effect officer changes to the above-named company with document number L10000114854.

My earlier request in January, 2011 was returned incomplete on the basis of missing signature. Please do apply my earlier payment of \$60.00 accordingly per this new filing.

Sincerely yours,

Stephen K Woyome

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	STEWISE USA, LLC				
(<u>Name of the Limited</u> (A	Liability Company as it now ap Florida Limited Liability Compa	pears on our records.)			
·					
The Articles of Organization for this Limited Li	ability Company were filed on	November 04, 2010 and assigned			
Florida document number L10000114	1854	here:			
		超多 一			
This amendment is submitted to amend the following	owing:	35 F 17			
A. If amending name, enter the new name of	Etha limitad liahility company	home:			
A. It amenumg name, enter the new name of	the infitted habitry company	rice:			
The new name must be distinguishable and and wit	h the words "Limited Lighility Co	mpany," the designation "LLC" or the abbreviation			
"L.L.C."	if the words Elimited Elability Co	impany, the designation DDC of the above viation			
Enter new principal offices address, if applic	ahle:				
(Principal office address MUST BE A STREE					
Trincipui Office unuress MOST BE A STREE	<u> </u>	, ,			
		· · · · · · · · · · · · · · · · · · ·			
Enternant mailing address (Samelinghla)					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE)	<u> </u>	 			
R 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 of		on our records, enter the name of the new			
Name of New Registered Agent:	Stephen K Woyome				
New Project of Office Address					
New Registered Office Address:	New Registered Office Address: Enter Florida street address				
	2.70. 1 10.71111 31. 00.7 41111 241				
	City	, Florida Zip Code			
New Registered Agent's Signature, if changing R	•	Lip Couc			

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 **Type of Action Title Address Name** Stephen K Woyome **MGRM** 160 Forester Court ✓ Add Wellington, Fl. 33414 ☐ Remove Kobena M Woyome MGR 160 Forester Court Wellington, Fl 33414 Remove _ ∏ Add Remove ∏ Add Remove ∏Add Remove \prod Add Remove

		**	ARY SSE				
			To B				
			<u>ြ</u>				
Dated	March 1	7	-				
		- Stewyone	•				
	Signature of a member or authorized representative of a member						
	Stephen K Woyome						

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee