

L110000129327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

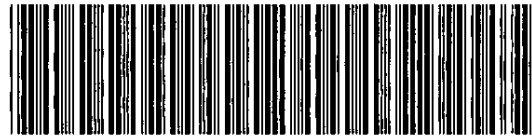
(Business Entity Name)

(Document Number)

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2013 SEP 30 AM 10:17
J. SAULSBERRY
EXAMINER

J. SAULSBERRY
EXAMINER
SEP 30 2013

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Steinmaver Family
DOCUMENT NUMBER: L11000129327

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sarah Haccoun
Name of Contact Person
Steinmaver Family
Firm/ Company
1141 Kane Concourse, #203
Address
Bay Harbor Islands, Fl. 33154
City/ State and Zip Code
sr@steinmaverfamily.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Haccoun at (312) 961-5559
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|--|--|---|--|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2013 SEP 30 AM 10:17
FILED
TALLAHASSEE, FL
CLERK OF THE COURT

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Steinmeyer Family, 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 11-14-2011 and assigned
Florida document number 211000139327

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

_____, Florida _____
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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

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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

Title	Name	Address	Type of Action
OMGR	Steinmaver Realty	1141 Kane Concourse	<input checked="" type="checkbox"/> Add
		Suite 203	<input type="checkbox"/> Remove
		Bay Harbor Islands Fl. 33154	
MGRM	Julien Hacoon	10205 Collins Ave.	<input type="checkbox"/> Add
		Suite 709	<input checked="" type="checkbox"/> Remove
		Bay Harbor, Fl. 33154	
MGRM	Adrien Hacoon	10205 Collins Ave.	<input type="checkbox"/> Add
		Suite 709	<input checked="" type="checkbox"/> Remove
		Bay Harbor, Fl. 33154	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2018 SEP 30 AM 10:17
FILE

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

N/A

Dated _____

Signature of a member or authorized representative of a member

Typed or printed name of signee

Julien Haccoun, Principal

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Filing Fee: \$25.00

2013 SEP 30 AM 10:17
FBI
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