

L12000107518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

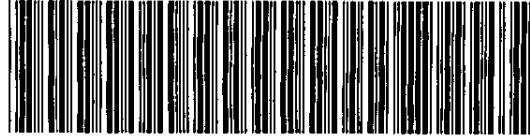
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 20 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Steva Partners 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:

Eva Aoudia

Name of Person

Name of Person
Steva Partners LLC

Firm/Company

9703 Collins Ave Unit 1002-C

Address

Bal Harbour FL 33154

City/State and Zip Code

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

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Person 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

Steve Partners LLC

Page 1 of 3

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Zip Code
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Kouiri, Aovatef	9703 Collins Ave	<input type="checkbox"/> Add
		Unit 1002-C	<input checked="" type="checkbox"/> Remove
		Bal Harbour FL 33154	
MGR	Eva Aoudia	Eva Aoudia	<input checked="" type="checkbox"/> Add
		9703 Collins Ave	
		Unit 1002-C	<input type="checkbox"/> Remove
		Bal Harbour FL 33154	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

15 JAN - 88 AM 8 59
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TALLAHASSEE, FLORIDA

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

12/30/2014



Signature of a member or authorized representative of a member

Aouatef Kouiri

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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