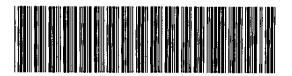
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| (Req | uestor's Name |) |
|---------------------------|-----------------|--------------|
| (Add | ress) | |
| (Add | ress) | <u> </u> |
| (City | /State/Zip/Phor | ne #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Na | ime) |
| (Doc | ument Number | ·) |
| Certified Copies | Certificate | es of Status |
| Special Instructions to F | iling Officer: | |
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Office Use Only



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SECKETARY OF STATE
FALLAHASSEL FLORIDA

J. Shivers JAN 20 2015

COVER LETTER

| TO: Registration S | Section 2 | ± 1.00 mm = 1.0 | • |
|---------------------------|--|---|--|
| Division of Co | orporations (| | |
| SUBJECT: | iteva fartne | BLL | |
| | Name of Lim | ited Liability Company | |
| | | | |
| The enclosed Articles o | f Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | Eva | Aoudia | |
| | Steva Pa | nthers LLC | |
| | 0.40 - 0.4 | Firm/Company | _ |
| | 9703 Coll | ins Ave Unit 1 | 002-C |
| | | Address | |
| | Bal Ha | ybany 12 331 | 154 |
| | | City/State and Zip Code | |
| | P. and T. and T. | | C4:> |
| | | to be used for luture annual report noti | neation) |
| For further information | concerning this matter, please c | all: | |
| | | at (| |
| Name | of Person | at () Area Code Daytim | e 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

Steva Partners LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

| (7 | Criorida Limited Liability Company) | | |
|---|---|------------------------------------|------------------|
| The Articles of Organization for this Limited Lial Florida document number LIADDOLO | oility Company were filed on 8/13/2012 | and assi | gned |
| This amendment is submitted to amend the follow | ving: | | |
| A. If amending name, enter the new name of t | he limited liability company here: | | |
| The new name must be distinguishable and end with the we | ords "Limited Liability Company," the designation "LLC" or the | e abbreviation "L | .L.C." |
| Enter new principal offices address, if applical | ole: | <u>.</u> | |
| (Principal office address MUST BE A STREET | ADDRESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B) B. If amending the registered agent and/or registered agent and/or the new registered offi | r registered office address on our records, ente | r the name | of the new |
| Name of New Registered Agent: | | <u> </u> | |
| New Registered Office Address: | | € | *** |
| | Enter Florida street address | SSE YAX | 3 |
| | , Florida _ | | |
| | City | Zip Code | MANAGE E |
| New Registered Agent's Signature, if changing Re | gistered Agent: | 22 25 | |
| provisions of all statutes relative to the proper accept the obligations of my position as regist | agent and agree to act in this capacity. I further a cand complete performance of my duties, and I an ered agent as provided for in Chapter 605, F.S. O gistered office address, I hereby confirm that the b hunge. | n familiar witi r, if this docu | h and ment is |

If Changing Registered Agent, Signature of New Registered Agent

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 = M $AMBR = A$ | anager uthorized Member | | |
|--------------------|----------------------------|-------------------|-----------------|
| <u>Title</u> | Name | Address | Type of Action |
| MGR | Kourri, Aovatef | 9703 Collins Ave | Add |
| | , | Unit 1002-C | |
| | | Bal Harbour FI 33 | |
| M6R | Eva Aoudia | Eva Apridia | |
| 11017 | LAN TOOKIN | 9703 Collins Ave | Add - |
| | | Bal Harbour Fi | Remove |
| | | Bal Harbourt | <u>- 331</u> 54 |
| ****** | | | Add |
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| , | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|-------|--|
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| | |
| | ive date, if other than the date of filing: (optional) ective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after e this document is filed by the Florida Department of State) |
| Dated | 12/30/2014 |
| | The state of the s |
| (| Signature of a more ber or authorized representative of a member A DUATET ROULE |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE