

L13 0000 89205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

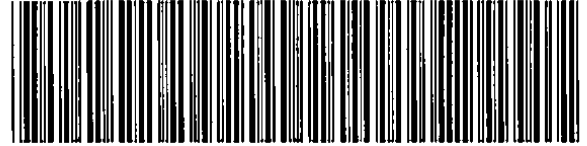
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Steinway Asset Management 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:

Michael Malitz

Name of Person

Steinway Asset Management LLC

Firm/Company

2930 Barneys Pump Pl.

Address

Lakeland, FL 33812

City/State and Zip Code

mgoblumike1@gmail.com

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

For further information concerning this matter, please call:

Michael Malitz

772

341-2360

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

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

STEINWAY ASSET MANAGEMENT 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 06/20/2013 and assigned Florida document number L13000089205.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

24174 US HWY 27 STE 400

LAKE WALES, FL 33859

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

24174 US HWY 27 STE 400

LAKE WALES, FL 33859

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:

MARIE TRUONG

New Registered Office Address:

24174 US HWY 27 STE 400

Enter Florida street address

LAKE WALES

City

Florida 33859

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MICHAEL MALITZ	2930 BARNEYS PUMP PL.	<input type="checkbox"/> Add
		LAKELAND, FL 33812	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JEFF BEYERS	2930 BARNEYS PUMP PL	<input type="checkbox"/> Add
		LAKELAND, FL 33812	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIE TRUONG	24174 US HWY 27 STE 400	<input checked="" type="checkbox"/> Add
		LAKE WALES, FL 33859	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JULY 11, 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee