(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200276959392

09/15/15--01013--014 **410.00

2015 SEP 15 PM 12: 23

2015 SEP 15

AM 10: 4 (

K. SALY EXAMINER SEP 1 6 2015

CORPORATE

When you need ACCESS to the world.

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

		PICK U	P: 9/15 GLINDA
[CERTIFIED COPY	
2	XX	РНОТОСОРУ	
[CUS	
3	хх	FILING	AMENDMENT
1.		STEVE AND ALANA I, LLC	
	•	(CORPORATE NAME AND DOCUME	NT #)
2.			
2.	•	(CORPORATE NAME AND DOCUME	NT #)
•			
3.		(CORPORATE NAME AND DOCUME	NT #)
4.		(CORPORATE NAME AND DOCUME	NT #)
		(COM CHATE TAME THE BOOK THE	
5.			
		(CORPORATE NAME AND DOCUME	NT #)
6.			
		(CORPORATE NAME AND DOCUME	NT #)
SPEC	CIAI	L INSTRUCTIONS:	
			

COVER LETTER

TO: Registration Sec Division of Corp			
Steve and A SUBJECT:	lana I, LLC	·	
	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub-	_	
	Jeffrey L. Greenberg		
		Name of Person	
	Greenberg & Strelitz, P.A.		
		Firm/Company	
	2500 North Military Trail		•
		Address	
	Boca Raton, FL 33431		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	all:	
Jeffrey L. Greenberg		561 361-9400 at ()	
Name of	Person		Telephone Number
Enclosed is a check for th	e 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

FILED

2015 SEP 15 AM 10: 41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Steve and Alana I, 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 October 17,	, 2013 and	l assigned
Florida document number L13000146164			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation	ı "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of		cords, enter the na	me of the new
registered agent and/or the new registered office address here	;		
Name of New Registered Agent:			
New Registered Office Address:			
-	Enter Florida street	address	
		, Florida Zip Co	
Non-Bostoned Associate Classical College Colle	City	Zip Ci	ode
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duti rovided for in Chapter	es, and I am familiar 605, F.S. Or, if this d	with and locument is
If Chan	ging Registered Agent Sign	ature of New Registered	A gent

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>	Address	Type of Action
MGRM	Steven Manko	7000 N. Federal Hwy	Add
		Boca Raton, FL 33487	■ Remove
			□ Change
MGRM	Alana Manko	7000 N. Federal Hwy	
		Boca Raton, FL 33487	■ Remove
			☐ Change
MGR	Steven Manko	7000 N. Federal Hwy	
		Boca Raton, FL 33487	□ Remove
			□ Change
			Rei CHECHER STA
			☐ Remo fe
			□ Add
			☐ Remove
			Change.

"Article V. This Limited Liability Com	npany shall be Manager-Managed. The name and address of the person
authorized to manage this Limited Liab	pility Company is: Steven Manko, Manager, 7000 N. Federal Hwy,
Boca Raton, FL 33487."	
	· · · · · · · · · · · · · · · · · · ·
	Tr. SP.
	- SAC
	70
	75
~	
tive date, if other than the date of fi	Date of filing iling: (optional) c and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605
	not meet the applicable statutory filing requirements, this date will not be list
none a criconive date on the proparations	of Blace 5 records.
cord specifies a delayed effective 90th day after the record is file	ve date, but not an effective time, at 12:01 a.m. on the earli ed.
September 1413	2015
1 2 7 7 7	_,

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00