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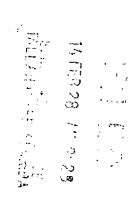
(Re	questor's Name)	<u></u>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 5, 2014

TODD STEVENS 1114 ARBOR CIR ORANGE PARK, FL 32073

SUBJECT: STEVENS FLOORING & RENOVATIONS LLC

Ref. Number: L14000015249

We have received your document for STEVENS FLOORING & RENOVATIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please fill out page 1.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 214A00002590

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: STEVENS FLUENDE & Renary bus CC 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:
TOOD STEVENS Name of Person
STEVENS Flore, no & Renovations U.C.
1114 AKBOR CA Address
City/State and Zip Code Tes 42 D 10000. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Toon STEVENS at (904) 610-4327 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status \$30.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

STEVENS Properio	t Renov	nations L	LC	
(Name of the Limited Dability Cor (A Florida Limit	mpany as it now appear led Liability Company)	ri on our records.)		
The Articles of Organization for this Limited Liability Comparing L14000015249	any were filed on	1-23-14	and	assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	iability company h	ere:		
The new name must be distinguishable and end with the words "Limited I	Liability Company," the	designation "LLC" or th	e abbreviatio	nı "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS	2		<u> </u>	, p
	and description of the Control of t		25/	
-				ာ အ
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	**************************************		/-1	
			11.1 New (47)	<u>्र</u> (छ
B. If amending the registered agent and/or registered registered agent and/or the new registered office address is	l office address or <u>here</u> :	our records, <u>ent</u> e	r the nar	ne of the nev
Name of New Registered Agent:				
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·			
	Enter Flor	rida street address		
	Cirv		Zip Co	
•	Cujy		. உ ழ CC	nas:

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

MGR = Manager

AMBR = Authorized Member

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MELVYN SOUPFRONT	6864 Rickes Rs	bC/Add
	·	U864 Rickes Ro JACKSONVILLE, FZ 32244	□ Remove
			D ∨qq
			☐ Remove
			O Add
			Remove
			_D Add
			Remove
			_O Add
			_D Remove
<u></u>			_D Add
			□ Remove

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)	famendi	nding any other information, enter change(s) here: (Attach additional sheets, if necessar	
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)			
he 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)	_		
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)			
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 2-28 - 14	(The offective	ve date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after	
Signature of a member or authorized representative of a member		Signature of a member or authorized representative of a member	
Typed or printed name of signice			

Page 3 of 3

Filing Fee: \$25.00