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(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Doci	ument Number)	
Certified Copies	Certificate	s of Status
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COVER LETTER

TO:

TO:	Registration Second Division of Corp			
CIAD I	Stephen N.	McGuire II, Esq, PLLC		
SUBJI	ECI:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Stephen N. McGuire II		
			Name of Person	
			Firm/Company	
		1731 SW 18th St		16 OCT -3 PM 4: 43
			Address	CI TAGE
		Cape Coral, FL 33991		<u>ယ် မှို့</u> —————— က ်
		241100 "	City/State and Zip Code	*
		sm34119@gmail.com E-mail address: (to be used for future annual report noti	fication)
For fu	ther information co	oncerning this matter, please ca		,
Stepho	en N. McGuire II		305 767-3403	
	Name of	f Person		e Telephone Number
Enclos	sed is a check for th	e following amount:		
\$2	5.00 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)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi		
(Name of the Limit	ted Liability Company as it now ap (A Florida Limited Liability Compar	ny)
The Articles of Organization for this Limited L Florida document number L14000057118	iability Company were filed on	04/08/2014 and assigned
This amendment is submitted to amend the following	lowing:	
A. If amending name, enter the new name o	f the limited liability company	y here:
Stephen N. McGuire II, LLC		Ş.s.
The new name must be distinguishable and contain the	words "Limited Liability Company," t	he designation "LLC" or the abbreviation L.L.
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STREI	ET ADDRESS)	<u>ω</u>
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE</u>	<u>BOX)</u>	PH L: 43
B. If amending the registered agent and registered agent and/or the new registered or		on our records, enter the name of the ne
Name of New Registered Agent:	Stephen N. McGuire II	
New Registered Office Address:	1625 Hendry Street, Suite 103	
	Enter	Florida street address
	Fort Myers, FL	. Florida 33901
	City	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>	Address	Type of Action
MGR	Stephen N. McGuire II	1731 SW 18th St	□ Add
		Cape Coral, FL 33991	□ Remove
			☐ Change
			Add
			□ Remove
			□ st ango AHA
			Add Society
			Remove □
			□ Chaffe
*			Add
			□ Remove
		-	Change
			Add
			☐ Remove
			Change
			Add
			☐ Remove
			Change

Any and all business activities in which a Florida limited liability of	company may lawfully engage for profit
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ctive date, if other than the date of filing:	(optional) filing or more than 90 days after filing.) Pursuant to 605
If the date inserted in this block does not meet the applicable statument's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an eff ne 90th day after the record is filed.	ective time, at 12:01 a.m. on the earli
d September 26 2016	

Typed or printed name of signee

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Filing Fee: \$25.00