## L140001360344

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900317444459

08/27/18--01018--026 \*\*100.00

AUG 2 9 2018 S. YOUNG

18 AUG 27 PH 6: 49

## **COVER LETTER**

	Registration Se Division of Cor				•
SUBJEC	LIZSTEW	, LLC			
SOBJEC	~···	Name of Lim	ited Liability Company		
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		Robert A. Scalise, Jr.			
		-			
		-			
35 Pearl Street, Suite 35					1A26
			Address		- E = n
		New Britain, CT 06051			
			City/State and Zip Code	<del>-</del>	Ba R D
		kjpiroc@aol.com	Name of Person  n, P.C.  Firm/Company  Address  City/State and Zip Code  to be used for future annual report notification)		
For furth	ner information o	concerning this matter, please co	•	carking	AUA FO
Robert /	A. Scalise, Jr.				
	Name o	of Person	Area Code Daytime	Telephone Numbe	r
Enclosed	d is a check for t	he following amount:			
\$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certifica Certified	ite of Status & l Copy
		ANG ADDRESS:			

Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIZSTEW, 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  $\frac{08/29/2014}{}$ and assigned Florida document number 1.14000136344 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 "LEC" or the abbreviation "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 office address on our records, enter the ame to 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

## 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	Kenneth J. Papa	585 E. Main St.	<b>=</b> Add
		New Britain, CT 06051	□ Remove
			Change
			Add
			Remove
		-	Change
			□ Add
			18 FILE SING 220 AHASSI
			PAL Add 149 Remove
			Change
		<del></del>	Add
			□ Remove
			Change
			Remove
			Change

——————————————————————————————————————	
AUG 27 AUG 27  AUG 27  Continue data of Glings	<del>-</del>
ffective date, if other than the date of filing:	 ر
ffective date, if other than the date of filing:  (optional)  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.  (ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will hist, be listed ocument's effective date on the Department of State's records.	.020 ed as
ocument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlied. The 90th day after the record is filed.	er of
August 21. 2018  Szásha afgre	
D= h. 11 11 P	
Signature of a member or authorized representative of a member	
Lizbeth A. Papa	

Page 3 of 3

Filing Fee: \$25.00