# 1500002/409

(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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# **COVER LETTER**

C#TH		tewart Plann	ning Solutions, LLC	
SUI	вјест: _	•	Name of Limited Liability Company	
			mendment and fee(s) are submitted for filing.  dence concerning this matter to the following:	
			Sarah Stewart	
			Name of Person	
			Stewart Planning Solutions	
			Firm/Company	
			3655 NE 32nd Avenue, #119	
			Address	
			Fort Lauderdale, FL 33308	20
			City/State and Zip Code	
			stewartplanningsolutions@gmail.com	<b>Z</b>
For	further info	ormation con	E-mail address: (to be used for future annual report notification)	
Sar	ah Stewart		954 214-7852 SE	# <b>)</b>
		Name of F	at \	<b>⊳</b> 71
Enc	closed is a c	heck for the	following amount:	
	\$25.00 Fili	ing Fee	Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	of Status &

## MAILING ADDRESS:

Registration Section

**Division of Corporations** 

TO:

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

Stewart Planning Solutions, LLC								
(Name of the Limit	ed Liability Compa (A Florida Limited)	i <mark>ny as it now appears on our r</mark> Liability Company)	ecords.)					
The Articles of Organization for this Limited L	iability Company	were filed on <u>2/4/2015</u>	and assigned					
his amendment is submitted to amend the follo	owing:							
A. If amending name, enter the new name o	f the limited liab	oility company here:						
he new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."					
Enter new principal offices address, if applic	able:	3655 NE 32nd Avenue, #	119					
(Principal office address MUST BE A STREET ADDRESS)		Fort Lauderdale, FL 33308						
Enter new mailing address, if applicable:		3655 NE 32nd Avenue, #						
(Mailing address MAY BE A POST OFFICE BOX)		Fort Lauderdale, FL 3330	<del>82</del>					
B. If amending the registered agent and/ registered agent and/or the new registered of			ار اس					
Name of New Registered Agent:								
New Registered Office Address:	3655 NE 32nd							
		Enter Florida street d						
	Fort Lauderdal		_, Florida 33308					
		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 **Title** Name Address **Type of Action** ☐ Add ☐ Remove \_□ Change □ Add ☐ Remove ☐ Change \_□ Add □ Remove RETARY OF STATE HASSEE, FLORIDA □ Change □ Remove. □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

\_□ Change

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fective date, if one offective date is list	ted, the date	e must be sp	ecific and	cannot l	be prior to	date of fil	ing or mor	than 90 d	lays after	filing.) l	ursuant to	605.02
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Typed or printed name of signee

Filing Fee: \$25.00