# L150000 15014

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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### **COVER LETTER**

TO:	Registration Se Division of Cor	ction porations		A 7
CIID II		le Enterprise LLC	,	
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		David Plancer		
			Name of Person	
		Lloyd Steele Enterprise LL	LC C	
			Firm/Company	
		500 Australian Avenue So	uth, Suite 600	
			Address	
		West Palm Beach, Florida	33401	
			City/State and Zip Code	<u> </u>
		dendav17@aol.com		
		E-mail address: (	to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please ca	all:	
David	Plancer		718 781-9618 at ()	
	Name o	f Person		Telephone Number
Enclos	ed is a check for th	ne following amount:		
<b>■</b> \$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)

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

Lloyd Steele Enterprise LLC		
(Name of the Limited Liab (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 06-01-2015	and assigned
Florida document number L15000095084		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	imited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		Ās.
B. If amending the registered agent and/or reg		nter the name of the ne
registered agent and/or the new registered office ac	ddress here:	
		COST - mean
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	S7
	, Florid	_
<del></del>	City	Zin 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	David Plancer		
		<del></del>	□ Remove
			☐ Change
		<u> </u>	□ Remove
			Change
		<del> </del>	□ Add
			□ Remove
			□ Change
	····		Add
			☐ Remove
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	**		☐ Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			□ Change

uthorized Person Detail DAVID PLANCER and add Title as AMBR	<del></del>
orized Person Detail****	
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tte of filing: (optional) e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant t	a 605 02
does not meet the applicable statutory filing requirements, this date will not be artment of State's records.	listed
authorit of State 5 feedings.	
ffective date, but not an effective time, at 12:01 a.m. on the ed is filed.	arlier
2015	
, 2015	

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Typed or printed name of signee

Filing Fee: \$25.00