

L15000097020

(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



700292146437

12/02/16--01022--002 \*\*55.00

16 DEC -2 PM 4:34  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

N. CAUSSEAU

DEC 5 2016

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: STEVENVILLE, LLC.**

\_\_\_\_\_  
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:

PAUL W. FARIN

\_\_\_\_\_  
Name of Person

STEVENVILLE, LLC.

\_\_\_\_\_  
Firm/Company

100 SOUTH EOLA DRIVE APT 813

\_\_\_\_\_  
Address

ORLANDO, FL. 32801

\_\_\_\_\_  
City/State and Zip Code

PAULWFARIN@AOL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL W. FARIN

954 929-5065

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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**

STEVENVILLE, 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 6/3/2015 and assigned  
Florida document number L15000097020.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A.

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)**

100 SOUTH EOLA DR.

APT 813

ORLANDO, FLORIDA 32801

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 name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

GUILLERMO BURGOS

New Registered Office Address:

100 SOUTH EOLA DR. APT 813

*Enter Florida street address*

ORLANDO

*City*

Florida 32801

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	JOSE G. BURGOS	2800 E SUNRISE BLD	<input type="checkbox"/> Add
		APT 10F	<input checked="" type="checkbox"/> Remove
		FORT LAUDERDALE FL 33304	<input type="checkbox"/> Change
MGR	GUILLERMO BURGOS	100 SOUTH EOLA DRIVE	<input checked="" type="checkbox"/> Add
		APT 813	<input type="checkbox"/> Remove
		ORLANDO, FLORIDA 32801	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

16 DEC - 2008  
 PM 3:34  
 DATE  
 TIME  
 ORID


16 DEC - 2 11  
S  
11 37  
410810A

16 DEC - 2 PM L: 34  
FBI  
FBI

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated December 15<sup>th</sup>, 2016

December 17, 2016



Signature of a member or authorized representative of a member

GUILLERMO BURGOS

---

Typed or printed name of signee