

L15000180122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

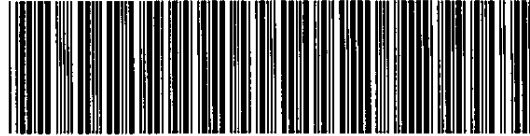
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

8/3/16 QS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Steven's Village, 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:

Chad Schultz
Name of Person
Firm/Company
1450 Flagler Ave., Ste. 2
Address
Jacksonville, FL 32207
City/State and Zip Code
chad@startupscpa.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Chad Schultz at (904) 400-1238
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**

Steven's Village, 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 10/22/2015 and assigned Florida document number L15000180122.

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6919 N. Main St.

Jacksonville, FL 32208

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6919 N. Main St.

Jacksonville, FL 32208

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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:

Chad Schultz

New Registered Office Address:

1450 Flagler Ave., Ste. 2

Enter Florida street address

Jacksonville

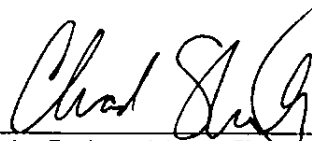
Florida 32207

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------------------|--------------------------------|--|
| MGR | Lenger Asset Management, Inc | 221 N. Hogan St., #405 | <input type="checkbox"/> Add |
| | | Jacksonville, FL 32202 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| RA | Fairbanks Law Group, P.L. | 113 Nature Walk Pkwy, Ste. 103 | <input type="checkbox"/> Add |
| | | St. Augustine, FL 32092 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | SJW Partners, LLC | 1043 Adams St. | <input checked="" type="checkbox"/> Add |
| | | Hollywood, FL 33019 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Carrie T. Schulman | 9513 Sea Turtle Dr. | <input checked="" type="checkbox"/> Add |
| | | Plantation, FL 33324 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Eight Gs, LLC | 1043 Adams St. | <input checked="" type="checkbox"/> Add |
| | | Hollywood, FL 33019 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | Eight Gs, LLC | | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: _____ (optional)

(If 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 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated July 29, 2016



Signature of a member or authorized representative of a member

Keith D. Lenger, President of Lenger Asset Management, Inc.

Typed or printed name of signee