

216000032693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

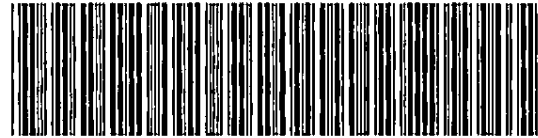
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/31/22--01024--020 **25.00

2022 AUG 31 AM 7:51
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

J. J. Luckey & Company, CPA's PLLC,
Certified Public Accountants
4045 NW 43rd Street, Suite A
Gainesville, Florida 32606
Office (352) 377-7171 Fax (352) 379-2705
www.jjluckey-cpa.com

08/26/2022

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe St. Ste 810
Tallahassee, FL 32303

Re: Stephen Allen's LLC
Correction to Amended Articles

Dear Sunbiz:

When our office mailed in the articles to be amended on August 4th 2022, the effective date of July 01, 2022 was not included. Please correct the forms to reflect the effective date of July 01, 2022.

A check in the amount of 25.00 is enclosed.

Thank you,

Cheryl VanBavel

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STEPHEN ALLEN'S, 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:

Cheryl VanBavel
Name of Person

J.T. Luckey & Co CPA's
Firm/Company

4045 NW 43rd St Ste A
Address

Gainesville, FL 32606
City/State and Zip Code

Cheryl@jtluckey-cpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheryl VanBavel at (352) 377-7171
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

STEPHEN ALLEN'S 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 2/16/16 and assigned Florida document number 11600032693.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1720 NW 42nd St

Gainesville, FL 32605

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

Danny Thomas

New Registered Office Address:

1720 NW 42nd St

Enter Florida street address

Gainesville

City

Florida

32605

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.

(Signature)
If Changing Registered Agent, Signature of New Registered Agent

SECRETARY OF STATE
TALLAHASSEE, FL
022 AUG 31 AM 7:31

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from OHI records:

MGR - Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Stephen A. Cade	5610 NW 4th PL	<input type="checkbox"/> Add
		Gainesville, FL 32607	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MATTHEW D. BURNETTE	P.O. Box 559	<input checked="" type="checkbox"/> Add
		Newberry, FL 32669	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

F. Effective date, if other than the date of filing: July 01, 2022 (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 Aug 4 2022

x James J. [Signature]

~~Signature of a member or authorized representative of a member~~

Danny Thomas

Typed or printed name of signee

Filing Fee: \$25.00