116000060640

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
·	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:

Office Use Only



000316021620

07/23/18--01010--023 **25.00

18 AUG -9 AM 7: 20 CECREDARY OF STATE

O SIMMONS AUG 1 3 2010



July 28, 2018

STEVEN KING 8 DILLWORTH CT SIMPSONVILLE, SC 29681

SUBJECT: STEVEN KING, LLC Ref. Number: L16000060640

We have received your document for STEVEN KING, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 818A00015573

Octavia L Simmons Regulatory Specialist III

PECONO TO DIRECTOR OF THE PROPERTY OF THE PROP

COVER LETTER

Division of Co			
Steven Ki	ng LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Steven King		
		Name of Person	
	Steven King, LLC		
		Firm/Company	
	8 Dillworth Court		
		Address	
	Simpsonville, SC 29681		
		City/State and Zip Code	
	itsgoode2bking@gmail.co		
		o be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	iii:	
Steven King		352 250-9301	
Name (of Person	at ()	Telephone Number
Enclosed is a check for t	he 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 King, LLC		
(Name of the Lin	ited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)
The Articles of Organization for this Limited Florida document number 41600066		- 1 1
This amendment is submitted to amend the fo	lowing:	
A. If amending name, enter the new name	of the limited liability compar	ny 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 appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
		25 6
		APP & TI
Enter new mailing address, if applicable:		20 X 1 E
Mailing address MAY BE A POST OFFICI	<u></u>	
		TE 20
B. If amending the registered agent and registered agent and/or the new registered of th		s on our records, <u>enter the name of the ne</u>
Name of New Registered Agent:	Jessica Peltz	
New Registered Office Address:	6809 19th Ave. S.	
Segment Strice Francis.	Ente	r Florida street address
	Lake Worth	Florida ³³⁴⁶²
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			Change
			□ Remove
			Change
			5 5 T
			9 ARemove
			一一一一一一一 Phange
	·		Add
		·	Remove
			Change
			Remove
			□ Change
			□ Add
			Remove
			Change

•	
	<u></u>
	95 7
	
E. Effe (If an	ective date, if other than the date of filing:
Note	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
doct	ument's effective date on the Department of State's records.
f the r	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o
	he 90th day after the record is filed.
	ed \$\\\ 3\\\ 7018
Date	$\frac{2}{2} \frac{3}{2} \frac{200}{2} \frac{3}{2} \frac{200}{2} \frac{3}{2} \frac{3}{2} \frac{200}{2} \frac{3}{2} \frac{3}{2$
	\mathcal{M}
	Signature of a member or authorized representative of a member
	STEVEN KING
	DIEVEN NINE

Page 3 of 3

Filing Fee: \$25.00