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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

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D. BRUCE OCT 26 2016

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:S	even Jib	ted Liability Company	ises LLC
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	Stevens 3510 Dr. Ma	Name of Person Jibri Enter Firm/Company whin Luther K Address	ing Jr Blud unit
	Ft Myer	City/State and Zip Code Cychou. Como be used for future annual report notice.	
For further information co	oncerning this matter, please ca	,	5
Cyfrian Name o	Re1d f Person	at (23 9) 82 Area Code Daytim	SECRETARY DE TELEPHONE Number 25 D
Enclosed is a check for the	ne following amount:		OTAT ORM
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy	Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Steven J. br. E. (Name of the Limited Liability Compa. (A Florida Limited L.)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $4-6-16$ and assigne	d
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabiles Steven Jbvi Ewterny The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	11505 110	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ZECRETA HA	<u></u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		he new
Name of New Registered Agent:	DA E	
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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>	Name	<u>Address</u>	Type of Action
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Filing Fee: \$25.00