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## COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT:	TEPHENS Name of Limi	SHEET META ited Liability Company	L LLC.
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	EDINC	Name of Person	15 J.
	STEPHE	Firm/Company	TAL LLC
	IIIO WE	ST OAKLAND PAG Address	2K SUZTE 245
	SUNRISE	City/State and Zip Code	
-		o be used for future annual report notificat	
For further information conc	erning this matter, please ca	11:	
EDJACO Name of Pe	STEPHENS rson	at (954) 770 – Area Code Daytime Te	1302-
Enclosed is a check for the fo	ollowing 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

liability Company as it now appears on our recor-(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on and assigned h000177750 Florida document number 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) 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 registered agent and/or the new registered office address here: Name of New Registered Agent: 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 Type of Action **Address** Title <u>Name</u> □ Add □ Remove \_□ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove □ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ط Add ☐ Remo ☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	)	
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C. Effective date, if other than the date of filing:	ursuant to 60 11 not be lis	5.0207 (3)(b) ted as the
f the record specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on b) The 90th day after the record is filed.	the earl	ier of:
Dated APRIL 3RD, 2018.	ಕ	DIVIS
Signature of a member or authorized representative of a member	APR -9	CRETAR ION OF C
Typed or printed name of signee	AH ID:	Y OF SI

Page 3 of 3

Filing Fee: \$25.00