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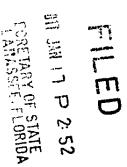
(Requ	uestor's Name)	
	•	
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(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	ne)
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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S WarrenJAN 1 8 2017

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	STEELWATER	Homes, LLC	
	Name of Limit	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter to	o the following:	
	Lynne	La Bombard Name of Person	
	STEELWAT	La Bombard Name of Person ER Homes Firm/Company	LLC
	1440	Stevens Ave	
		and, FL 3 City/State and Zip Code ater homes @ gm	
De Carlo de		-	eation)
•	La Bombara	at (386) 804 – Area Code Daytime 7	5686
Name of I	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

STEELWATE		_
(Name of the Limited Liabili (A Florida	y Company as it now appears on our rec Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C		28,20/6 and assigned
This amendment is submitted to amend the following:	<u>.</u> .	
A. If amending name, enter the new name of the limit	ted liability company horos	
A. If afficienting name, enter the new name of the min	containing company nere.	
The new name must be distinguishable and contain the words "Lim	ted Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
	- 	,,, , _,, , , , , , , , , , , , , , , ,
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		rds, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	iress
	City ,	Florida Zip Code
New Registered Agent's Signature, if changing Registere	Agent:	·
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and caccept the obligations of my position as registered agbeing filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my duties, ent as provided for in Chapter 60 d office address, I hereby confirm	and I am familiar with and 15, F.S. Or, if this document is that the limited liability
	If Changing Registered Agent, Signatu	re of New Registered Again

Page 1 of 3

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

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MEMBER	Jeanane La Bombard	25-29 364 STreet, APT 2R	
		25-29 364 STreet, ADT 2R LONG ISLAND CHY, N.Y.	Remove
		1 110 3	Change
			🗆 Add
			□ Remove
			☐ Change
			D Add
			Remove
			Change
			D Add
		 	Remove
		<u> </u>	Change
			D Add
			□ Remove
			LI Change
		22	<u>-</u> - >44
		STA	N Remove
		IDA A	∑ . □ Change

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an effec lote: If	tive 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 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at 's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier both day after the record is filed.
ated	Jan 10 2017
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Page 3 of 3
	Page 3 of 3

Filing Fee: \$25.00