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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

JUN 29 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Stepping Stones Community Solutions 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:

Jeremy Levin

Name of Person

Stepping Stones Community Solutions LLC

Firm/Company

5350 Riverfront Drive Apt. B

Address

Bradenton, FL 34208

City/State and Zip Code

jeremylevin@live.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeremy Levin

727
at ()

768-1747

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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REGISTERED AGENT
TALLAHASSEE, FLORIDA

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Aaron J. Mohr	5350 Riverfront Drive Apt. D	<input checked="" type="checkbox"/> Add
		Bradenton, FL 34208	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

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.

(b) The 90th day after the record is filed.

Dated _____, _____.


Signature of a member or authorized person

Signature of a member or authorized representative of a member

Aaron J. Mohr

Typed or printed name of signee

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TALLAHASSEE, FLORIDA