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SEGNE LARY OF STATE ALLAHASSEE, FLORIDA

> S. WARREN 'JUN 2 9 2017

## **COVER LETTER**

Div	ision of Corp	porations		*
SUBJECT:	Stepping Sto	ones Community Solutions LL	c '	
SUBJECT.		Name of Lim	ited Liability Company	, <del></del>
The anclosed	1 Articles of	Amendment and fee(s) are sub	mitted for filing	
Please return	all correspor	ndence concerning this matter	to the following:	
		Jeremy Levin		
			Name of Person	
		Stepping Stones Communit	ty Solutions LLC	
			Firm/Company	
		5350 Riverfront Drive Apt.	. В	
			Address	
		Bradenton, FL 34208		
			City/State and Zip Code	
		jeremylevin@live.com		
		E-mail address: (1	to be used for future annual report notif	fication)
For further is	nformation co	oncerning this matter, please ca	ali:	
Jeremy Levi	n		727 768-1747 at ()	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a	a check for th	e following amount:		
□ \$25.00 F	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:** 

TO:

Registration Section

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

Stepping Stones Community Solutions LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on July 13, 2016 and assigned Florida document number L16000132334 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 of the new 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 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>	<u>Name</u>	Address	Type of Action
AMBR Aaron J. Mohr	Aaron J. Mohr	5350 Riverfront Drive Apt. D	<b>≅</b> Add
		Bradenton, FL 34208	□ Remove
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			Remove
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amending any other information, enter change(s) here: (Attach additional sheets, if nece	ssury.j
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an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after other. If the date inserted in this block does not meet the applicable statutory filing requirements, this ocument's effective date on the Department of State's records.	s date will not be listed a
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Signature of a number or authorized representative of a member	
Quemo Adli	

Page 3 of 3

Filing Fee: \$25.00