1/6000/47050

(Requestor's Name)		
(A	ddress)	
	,,	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	lusiness Entity Name)	
	Occument Number)	
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Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

Divi	sion of Corp	porations				
SUBJECT:	Josh Steppl	ing Realty, LLC				
SUBJECT.		Name of Lim	ited Liability Company			
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
		Joshua Steppling				
			Name of Person			
		Josh Steppling Realty, LL	С			
			Firm/Company			
		819 S Federal Hwy #300				
			Address			
		Stuart, FL 34994				
			City/State and Zip Code			
		jsteppling@yahoo.com	to be used for future annual report notifi	<u> </u>	2	
For further int	formation co	ncerning this matter, please co	·	Canion)	2 8 17 JUN	<u></u>
Josh Stepplin	ng		772 233-9850 at ()	33. E	9	
	Name of	Person		Telephone Number		D
Enclosed is a	check for the	e following amount:		ŪΑ	W	
■ \$25.00 Fil	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Fili Certificate Certified ((additional c	of Stati Copy	

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

Josh Steppling Realty, LLC			
(<u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on our nited Liability Company)	records.)	-
The Articles of Organization for this Limited Liability Comp	pany were filed on	and a	assigned
lorida document number L16000147050			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited	liability company here:		
OSHUA STEPPLING LLC			
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation	"LLC" or the abbreviation	"L.L.C."
Inter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES.	S)		
-		A.[
		C N.	
nter new mailing address, if applicable:		JUN HASS	
Mailing address MAY BE A POST OFFICE BOX)		93.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5	
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		ORID -	∋—
. If amending the registered agent and/or registere	ed office address on our re	cords entertithe nam	e of the
egistered agent and/or the new registered office address		cords, circi tit ilaii	c or the
Name of New Registered Agent:	-,		
New Registered Office Address:			
	Enter Florida street	address	
_		_, Florida	
	City	Zip Con	le le

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	4.0700000	·	
			Remove
			Change
			Add
			🗆 Remove
			☐ Change
		TALL.	□ Add
		LLAHASSEE, F	E Remove
			☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
		FLORIDA	
			Remove
			□ Change
			
			Remove
		<u></u>	Change
		-	Add
			☐ Remove
			□ Change

Effective date, if other than the date of filing: (optional) (op	. 11 amending any other inform	tion, enter change(s) here: (Attach add	autonai sneets, ij necessary.)
Effective date. If other than the date of filing: (poptional) (If an effective date is sired, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 695.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The 90th day after the record is filed. Dated June 12 2017 Signature of a member of a member of authorized representative of a member.			
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Page 3 of 3

Filing Fee: \$25.00