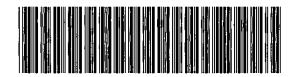
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LR Steno Reporting 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:
Lindy Romanoff
LR Steno Reporting LLC Firm/Company
7167 50th Ave Circle E.
Polmolla 5 34221
City/State and Zip Code Induromanoff 1809 mail. Com E-plail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lindy Romanoff # 941, 875-8085
Mame of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$\Bigcu

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

LR Steno Report	ing LLC
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	pany)
The Articles of Organization for this Limited Liability Company were filed of Florida document number	on $10/24/16$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny 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:	7 Por 8
(Principal office address MUST BE A STREET ADDRESS)	
	SS J
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	2× 5 ***
B. If amending the registered agent and/or registered office addre registered agent and/or the new registered office address here:	ss on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address: Entire	er Florida street address
City	7in 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 = Man AMBR = Auti	iager horized Member			
<u>Title</u>	Name	\wedge	Address	Type of Action
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AMBR			Address 7167 50th Ave. Circle Palmetto FE 34221	Remove
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ective date, if effective date is left the date in the	nserted in this	s block does no	ot meet the app	plicable statutory f	or more than 90 days iling requirements	after filing.) Pur , this date will	suant to 605.02 not be listed
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