16000211024

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



02/04/19--01019--004 **25.00

FILED 2019 FEB -4 AH 10: 21

C. GOLDEN FEB - 9 2019

		COVER LETTER	
TO: Registration Division of C	Section Corporations		
THE ST SUBJECT:	EPPIN' GENTS LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	LORIN CHARLES LOVE		
		Name of Person	
	THE STEPPIN GENTS	LLC	
	- <u></u> -, , , ,	Firm/Company	
	7026 CHESAPEAKE CIR	CLE	
		Address	
	BOYNTON BEACH, FL	33436	
	agblue50@hotmail.com	City/State and Zip Code	
For further information	E-mail address: (n concerning this matter, please c	to be used for future annual report notific	ation)
	o concerning this matter, picase c		
Aaron G Blue	·····	954 4047849 at ()	
Nam	e of Person	Area Code Daytime T	elephone Number
	r the following amount:	_	
■ S25.00 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 tadditional copy is enclosed)
	ILING ADDRESS: istration Section	STREET/COURIE Registration Section	R ADDRESS:
Divi	sion of Corporations Box 6327	Division of Corporat	ions
	ahassee, FL 32314	Clifton Building 2661 Executive Cent	er Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2019 FEB -4 AM 10: 21 THE STEPPIN' GENTS LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/17/2016 ____ and assigned Florida document number $\frac{L16000211024}{...}$ 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 "LLC." 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	Zip Code

iew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ring filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

in 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>	Name	Address	Type of Action
MGR	JAMES L. BERRY	3030 QUAYSIDE LANE MIAMI, FL 33138	🖬 Add
			🗆 Remove
			Change
·		<u> </u>	O Add
			Remove
			Change
			Adđ
			Remove
			Change
. <u></u>			🗅 Add
			Remove
			Change
····			🔤 Add
			🗌 Remove
			Change
			🖸 Add
			Remove
		····	Change

• D.	If amending any other information, enter change(s) here	: (Attach additional sheets, if necessary.)
------	---------------------------------------------------------	---------------------------------------------

.

•

•

	• • • • • • • • • • • • • • • • • • • •	
·	 	
· · · · · · · · · · · · · · · · · · ·		
	 	· · · · · · · · · · · · · · · · · · ·

E. Effective date, if other than the date of filing: _______(optional) (If an effective 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 605,0207 (3)(b) 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.

the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: τ) The 90th day after the record is filed.

Dated 02/02	2019	
	AURI.	
	- 1XF Me	
	Ignature et a member or authorized representative of a member	
	AARON GE AUE	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00