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SECRETARY OF STATE

K. SALY JAN 27 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Stephen 6. Gardner 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:
Hannan Boyd Name of Person
Business Control Service, Inc
3925 S. Nova Road
Port Orange, FL 32127 City/Stag and Zip Code WS@ husiness control service net F-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Hannah Boyd at (386) 760 - 5454 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Solution Sta

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
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 JAN 26 PH TE 41

TALLAHASSEE, FLORIDA

Stephen G. Gardner LLC

(Name of the Limited Liability Company as it now appears on our records,)

(A Florida Limited Liability Company)

(A Flori	ida Limited Liability Company)	LY OKIN
The Articles of Organization for this Limited Liability Florida document number L17000015		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the line Stephen Gilmore Grant The new name must be distinguishable and contain the words "Line new name must be distinguishable and contain the words "Line new name of the line stephen Gilmore Grant The new name of t	ardner Jr. LLC	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD	· • • • • • • • • • • • • • • • • • • •	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		enter the name of the new
Name of New Registered Agent:	NA	
New Registered Office Address:	Enter Florida street address	
whomps to Market	, Flori	
	City	Zip 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 amendin	ing Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added ed from our records:		
MGR = N		Address SECRETARY OF STATE	
<u>Title</u>	Name	Address SECRETARY OF 4 Type of Action	
		Address SECRETARY OF STATE VALLAHASSEE, FLORIDA Add	
		□ Remove	
		□ Change	
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N/A	F/1 =
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	JAN 25
	TALLAHASSEE FLOR
	TALLAHAGRY OF GT.
	- COSFE FURN
-	
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be: If the date inserted in this block does not meet the ument's effective date on the Department of State's re-	be prior to date of filing of more than 90 days after filing.) Pursuant to 605.0. Applicable statutory filing requirements, this date will not be listed
record specifies a delayed effective date, b he 90th day after the record is filed.	out not an effective time, at 12:01 a.m. on the earlier
January 24th, 21	017.
Signature of a member of	or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00