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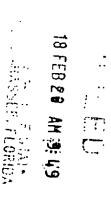
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

ГО:	Registration Se Division of Cor	ction porations					
		e Stables and Meadowlake Vel	nicle Storage, LLC				
SUBJE	CT:	Name of Limi	ited Liability Company	<del></del>			
The enc	losed Articles of	Amendment and fee(s) are subt	mitted for filing.				
Please r	eturn all correspo	ndence concerning this matter	to the following:				
		JAMES T. STEFFENS					
			Name of Person	<del></del>			
		Meadow Lake Stables and Meadowlake Vehicle Storage					
			Firm/Company	<del></del>			
		2515 55th Avenue E.					
			Address				
		Bradenton, FL 34203					
		jtsfire2@Frontier.com	City/State and Zip Code				
		E-mail address: (t	to be used for future annual report notific	cation)			
For furti	her information co	oncerning this matter, please ca	all:				
<u></u>	AMEG T	STEFFENS	941 753-4870 at ()	Felephone Number			
	Name O.	T CISOH	Area code Daytime	reteprone Namoei			
Enclose	d is a check for th	e following amount:					
<b>■</b> \$25	.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 (additional copy is enclosed)			

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

iability Company as it now appears on our records.) lorida Limited Liability Company)	
lity Company were filed on May 30, 2017	and assigned
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e limited liability company here:	
, LLC	
"Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
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	ity Company were filed on May 30, 2017  ity Co

## 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>	Name	Address	Type of Action
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			Remove
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			Change

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Filing Fee: \$25.00

Typed or printed name of signee