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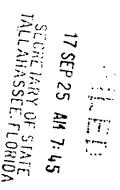
| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| TO:            | Registration Section Division of Corporations   |
|----------------|---|
| SUBJ           | ECT: THE STEATH FIRM LLC  Name of Limited Liability Company   |
| The er         | nclosed Articles of Amendment and fee(s) are submitted for filing.  |
| Please         | return all correspondence concerning this matter to the following:  |
|                | TALIA ENZER Name of Person  |
|                | THE STEATTH FIRM LLC Firm/Company   |
|                | 11022 LEGACY DRIVE SIE. 306   |
|                | PAIM BEACH GAR DENS, FI 33410<br>City/State and Zip Code  |
|                | E-mail address: (to be used for future annual report notification)  |
| For fu         | arther information concerning this matter, please call:   |
| K              | Name of Person at (561) 718-96905  Area Code Daytime Telephone Number   |
| Enclo          | sed is a check for the following amount:  |
| <b>5</b> C \$: | 25.00 Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  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

| THE STEATTH FIR  | M LLC   |   |
|--|---|---|
| (Name of the Limited Liability Company<br>(A Florida Limited Lia   | as it now appears on our records.) bility Company)                      |   |
| The Articles of Organization for this Limited Liability Company w Florida document number                                    | ty company here:  | and assigned  and ECRETARY OF STALLAHASSEE, FLO |
| The new name must be distinguishable and contain the words "Limited Liability  | Company," the designation "LLC" or the a                                | bbresiation "Let.C."                            |
| Enter new principal offices address, if applicable:  | 804 USHWY I   | >sute 4   |
| (Principal office address MUST BE A STREET ADDRESS)  | LAKE PARK, -  | 10EINA  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  | THE STEALTH F<br>POBOX 642<br>PAIM BEACLL                               | FL 33480  |
| B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: | ce address on our records, <u>enter</u>                                 | the name of the new                             |
| Name of New Registered Agent:  | A ENZER   | <del></del>                                     |
| New Registered Office Address:   | L LEGACY Dei  | VE Suite 306                                    |
| Palm   | Enter Florida street address    City City City City City City City City | 1 3341D<br>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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| MGR = N $AMBR = A$ | Anager<br>Authorized Member |                                   |                |
|--------------------|-----------------------------|-----------------------------------|----------------|
| Title              | Name                        | Address                           | Type of Action |
| MGR.               | PATRICIA PHS                | D.O.BOX 642                       | Add            |
|                    |                             | P.O. Box 642<br>PalmBeach, 9 3346 | (Memove        |
|                    |                             |                                   | Change         |
| MGR                | LEDERY KENSINGTON           | 300 GOIFVIEW PD                   | · Add          |
|                    | ,                           | NORTH PAIM Beach, FI              |                |
|                    |                             | 33408                             | Change         |
| WGR                | TALIA ENZER                 | (NAME CHANGE)                     |                |
|                    |                             | 11022 LEGREY DRIVEST              | 306<br>Remove  |
|                    |                             | Palm Beach GARdons, F1            | Change         |
|                    |                             |                                   | □ Add          |
|                    |                             |                                   | □ Remove       |
|                    |                             |                                   | Change         |
|                    |                             |                                   |                |
|                    |                             |                                   | Remove         |
|                    |                             |                                   | Change         |
|                    |                             |                                   | □ Add          |
|                    |                             |                                   | _ Remove       |
|                    |                             |                                   | Change         |

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|   |   |                 |
| Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records. | (optional) 90 days after filing.) Pursuant to 605.0; ements, this date will not be listed | 207 (3<br>as th |
| the record specifies a delayed effective date, but not an effective time, a  ) The 90th day after the record is filed.  | it 12:01 a.m. on the earlier  | of:             |
| Dated September 20, 2017.   |   |                 |
| Signature of a member or anthorized representative of a men   | nber  |                 |
| Signature of a member or authorized representative of a men   |   |                 |

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Filing Fee: \$25.00