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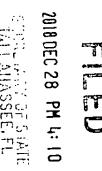
(Requestor's Name)
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COVER LETTER

TO: Registration Sector Division of Corpor				
SUBJECT:	Steep St	tation St.	Pete LL	C
		ted Liability Company		
The enclosed Articles of Am	endment and fee(s) are subr	nitted for filing.		
Please return all corresponde	ence concerning this matter t	o the following:		
	Christ	opher Bro	OWO	
		Station 5		LLC
		Central A		
_	St. Pe metrosolutio E-mail address: (1	Hersburg City/State and Zip Code OS IIC a	FL 337 yahoo.ca	13 om
For further information conc			report notification)	
Christopher Name of Pe	Brown	at (<u>727</u>)	504-35 Daytime Teleph	one Number
Enclosed is a check for the f	ollowing amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is er		1 \$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

(Name of the Limited Hability Compan (A Florida Limited Li	RGANIZATION NON St. Pete LLC V as it now appears on our records. ability Company)
The Articles of Organization for this Limited Liability Company v	were filed on $\frac{10/20/2017}{\text{and assigned}}$ and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	y Company," the designation "L.C." or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2901 Central Ave St Petersburg FL 33713
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, <u>enter the name of the new</u> :
Name of New Registered Agent: New Registered Office Address: St. Pet	Florida Street address Enter Florida street address ESBURG Florida 33713 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 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	William F. Christie	2901 Central Ave.	Add
		St Petersburg FL 33713	Remove
			Change
			Remove
			Change
			□ Add
			☐ Remove
			Change
			🗆 Add
			□ Remove
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effective date e: If the dat	if other than (is listed, the date e inserted in this ctive date on the	must be specific a block does not	nd cannot be pri meet the appl	or to date of fili icable statuto	ng or more than 9	(optional) 0 days after tiling, ments, this date) Pursuant to 605.02 will not be listed
	ecifies a delay ay after the r			not an effec	tive time, a	: 12:01 a.m.	on the earlier
d Dec	cember	20	201	3	2		
			1//	m			
		Signature of	a member or au	thorized tepres	entative of a men	iher	

Page 3 of 3

Filing Fee: \$25.00