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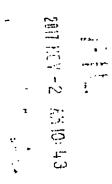
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HOV O ? 2017 J. HARRIS

COVER LETTER

	legistration Se Division of Cor			
x SUBJECT		perty Real Estate LLC		
	·	Name of Lim	nited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please rett	ırn all correspo	ndence concerning this matter	to the following:	
		Stephen OBrien		
			Name of Person	
			Firm/Company	
		4800 SW 29th Ave #2		
			Address	
		Cape Coral, Fl 33914		
			City/State and Zip Code	
		steve@stevesproperty.com		
		E-mail address: (to be used for future annual report notif	ication)
For further	information co	oncerning this matter, please ca	all:	
Stephen C			239 994-0855 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is	s a check for th	e following amount:		
\$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

Steves Property Real Estate LLC				
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records Liability Company)	<u>·-</u>)		
The Articles of Organization for this Limited Liability Compan	y were filed on 10/28/2017		and assig	ned
Florida document number 1.17000223926.				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
Steves Property Group LLC				
The new name must be distinguishable and contain the words "Limited Lial	nility Company," the designation "LLC"	or the abbrevia	ation "L.L.(C."
Enter new principal offices address, if applicable:		·- <u>-</u>		
(Principal office address MUST BE A STREET ADDRESS)		:	29	
				- t.
			-4G	T ** •
Enter new mailing address, if applicable:	4800 SW 29th Ave #2	•		; "
(Mailing address MAY BE A POST OFFICE BOX)	Cape Coral, Fl 33914	•		•
		ı	Ö	
		t	رتي	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records. <u>re</u> :	, enter the	name of	the n
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		rida		
	Cuy	Zi	ip 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:

<u>Title</u>	Name	Address	Type of Action
			D Add
			□ Remove
		-	
			Remove
			□ Change
			
			□ Remove
			□ Change
			Add
			□ Remove ↓
			☐ Change -
.			Addā E Remove
			☐ Change
			Add
			Remove
			□ Change

			5 5 5 5
	Stephen OBrien	Typed or printed name of signee	2 : El:
		nature of a member or authorized representative of a member	1 ***
	<i></i>	1012	2017 K
Dated_	October 30th	. 2017	
b) The	90th day after the record	is filed.	2:01 a.m. on the earlier or:
	ent's effective date on the Depa	fective date, but not an effective time, at 1	7:01 a.m. on the earlier of:
Note:	If the date inserted in this block	te of filing:	_ (optional) days after filing.) Pursuant to 605.0207 (3) ents, this date will not be listed as the
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Filing Fee: \$25.00