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J. LEGGETT

COVER LETTER

	egistration Se wision of Cor		.*	
01:15 112 <i>0</i> 00	STEPHAN	Y CS LLC		
SUBJECT	: <u>-</u>	Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retui	rn all correspo	ndence concerning this matter	to the following:	
		STEPHANY CRUZ		
		<u></u>	Name of Person	
		STEPHANY CS LLC		
			Firm/Company	
		270 SW 12TH ST		
		·	Address	
		DANIA BEACH, FL 3317	2	
			City/State and Zip Code	
		STEPHANY.CS5@HOTM		
		E-mail address: (to be used for future annual report notifi	ication)
For further	information c	oncerning this matter, please ca	all:	
STEPHAN	Y CRUZ		908 875-8745 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne 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:

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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

STEPHANY CS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{12/22/2017}{1}$ and assigned Florida document number L17000260736 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			_ □ Change
			Add
			Remove
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fective date, if other than	the date of filing: January 1, 20	018	_ (optional)	
n effective date is listed, the date	must be specific and cannot be prior to	o date of filing or more than 90 c	days after filing.) Pursuant to	605.020
	is block does not meet the applicable Department of State's records.	ble statutory filing requirement	ents, this date will not be l	listed a
edificiti s'effective date off ti	ie Department of State's records.			
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The John day after the	record is fined.			
January 3	2018			
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee