

118000051272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

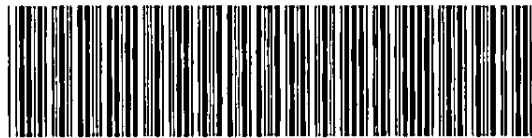
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECTION 14.01
DIVISION OF REFORMATION
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SEP 28 2018



CHARLES STEVENS

September 17, 2018

Florida Department of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: CHARLES STEVENS LLC
L18000051272
Formed 2/26/18
Principal Office Address: 131 Jupiter Key Road, Jupiter, FL 33477
Mailing Address: 1101 Scott Ave., Calverton, NY 11933

Dear Sir/Madam:

Enclosed, please find the completed Amendment form for CHARLES STEVENS LLC.

We need to remove my son, Charles Stevens, as a member so that I am the sole member at 100% in order to open a business checking account. Once my son is of age, then we will reinstate him on the Articles of Organization. No other changes are needed at this time. I hope that I have completed the form correctly.

I have enclosed a check for \$60.00 for the filing fee, Certificate of Status and a Certified Copy. For your convenience and if possible, I have enclosed a pre-addressed Fedex envelope for the return of the new documents.

If you have any questions, please do not hesitate to contact me at 631-591-7821.

Best regards,

Timothy W. Stevens
Member
1101 Scott Ave.
Calverton, NY 11933
631-591-7821
631-208-3500 x321

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHARLES STEVENS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Timothy W. Stevens
Name of Person

Firm/Company

1101 Scott Ave.
Address

Calverton, NY 11933
City/State and Zip Code

bscanlon@islandcompanies.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothy W. Stevens at (631) 591-7821
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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**

CHARLES STEVENS 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 2-26-2018 and assigned
Florida document number L18000051272.

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)

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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

_____, **Florida**
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Charles Stevens		<input type="checkbox"/> Add
		131 Jupiter Key Road, Jupiter FL 33477	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRET
DIVISION OF INVESTIGATION
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 9/17/18 , 12noon


Signature of a member or authorized representative of a member

Timothy W. Stevens
Typed or printed name of signee