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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JELEN ACCOUNTING SERVICES, INC

Account Number : I20120000052

: (305)591-9180

Phone Fax Number

: (305)591-9167

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: info@ Jelenaccounting

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

STEP 11 LLC

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Unbility Comp	any se it new appears on on	r records.)		
(A Florida Limited	Liability Company)			
The Articles of Organization for this Limited Liability Company	y were filed on 03/18/20	18 and assigned		
Florida document number L18000069139				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liai	bility company here:	`		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	on "LLC" or the abbic viation "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)		25 6		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	T:	ecords, enter the name of the new		
	Enter Florida street	Enter Florida street address		
		, Florids		
	Cuiv	, Florida		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duti	es, and I um familiar with and		
If Chan	ging Registered Agent, <u>Sign</u>	athre of New Registered Avent		

Page 1 of 3

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Ducoumau, Bernadotte	3452 NW 83 CT	
			D Add
		DORAL FL, 33122.	■ Remove
			☐ Change
AMBR	Ducoumau Prieto, Gilbert	3452 NW 83 CT	
		DORAL FL, 33122.	■ Remove
			Change
			D Add
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			□ Change

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