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COVER LETTER

Division of Corporations	
SUBJECT: Stop in Likury 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:	
Yaniris Fils-Aime Name of Person	
Step in Luxury LLC Firm/Company	
3150 SW 36 4h AVE	
Most Park FL 33023 City/State and Zip Code	
Han Smol (mail . Com) E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Yanris Fils-Ame at 954 681 2949 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe	

MAILING ADDRESS:

Registration Section

TO:

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 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	ınd assigned
	and assigned
riorida document number <u>7.7000/1.7000</u> .	
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 abbrevia	tion "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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2019 AUG 19 A
B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here:	iname of the
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
, Florida	
	p 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 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 ac or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Francisco Matias	3150 Sw 36th Ave West par	LAL WAdd
			Remove
			Change
			🗆 Add
			□ Remove
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If an ef Note:	ive date, if other than the date of filing:(optional) lective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docun	ent's effective date on the Department of State's records.
ne re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	8/14/ 2019
Dateu	
	Signature of a member or authorized representative of a member
	, , , , , , , , , , , , , , , , , , ,
	/ Nanice / Fix pine
	Typed or printed name of signee

D. If amending any other information, enter change(s) here: (Attach daditional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00