## 118000207748

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 8, 2018

STEVEN GRAVES 3715 W MALORY CT COCOA, FL 32926

SUBJECT: STEVEN & LILLY'S ENTERPRISES LLC

Ref. Number: L18000207748

We have received your document for STEVEN & LILLY'S ENTERPRISES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 418A00023071

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Steven & Lilly's Enterprises			
(Name of the Limited Liabil (A Florid	lty Company as it now appears on our records.) la Limited Liability Company)		
	04/20/2018		
The Articles of Organization for this Limited Liability (	Company were filed on dar30/2018	and assigned	
Florida document number L18000207748	·		
This amendment is submitted to amend the following:		<u> </u>	
A. If amending name, enter the new name of the lim	ited liability company here:		
		,	
The new name must be distinguishable and contain the words "Lin	sited Liability Company," the designation "LLC" or the abb	reviation, "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD)	RESS)	10	
	<u> </u>	1 CO 1-27	
	<b>∵</b>	D m	
The state of the s	Ţ	1: 0	
Enter new mailing address, if applicable:		. 0	
(Mailing address MAY BE A POST OFFICE BOX)		12	
		<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office ade	stered office address on our records, <u>enter the</u> dress here:	ne name of the new	
New Registered Office Address:		<u></u>	
	Enter Florido street address		
	, Florida	, Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registere	ed Agent:		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	complete performance of my dutics, and I am fa gent as provided for in Chapter 605, F.S. Or, ij ed office address, I hereby confirm that the limi	niliar with and Tthis document is	
	If Changing Registered Agent, Signature of New Reg	istèred Agent	

Page 1 of 3

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\_ Change

ading Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records: MGR = Manager AMBR = Authorized Member Address Type of Action Name Title Shaughn McCormick 3839 Sanibel Cove AMBR Oviedo, 32765 B Add □ Remove ☐ Change 630 E Crisafulli Rd Dante Roccatani AMBR Merrit Island FL, 32953 ☐ Remove ☐ Change \_□ Remove Change ☐ Add  $\rightarrow$ Î□ Remove  $\bigcirc$ ☐ Change DbA 🗆 ☐ Remove \_O Change 🗆 Add

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Filing Fee: \$25.00