## 18000 236494

(Requestor's Name)
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## **COVER LETTER**

## Registration Section Division of Corporations

	STEM CIRCLE LLC +		
<u></u>	Name of Limi	ited Liability Company	
enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
ise return all correspo	ondence concerning this matter	to the following:	
	SANDEEP GROVER		
		Name of Person	<del></del>
	EXCELLENT BUSINESS	SERVICES INC.	:: · · · · · · · · · · · · · · · · · ·
		Firm/Company	5 63
	1975 WASHINGTON AV	E	2020 SEP 15 PH 3: 10
		Address	in-, d1
	SEAFORD, NY 11783		ကြောင်းများကို ကြောင့်များ
	EXCELLENTB2@YAHOO	City/State and Zip Code	
		to be used for future annual report noti	fication)
further information c	oncerning this matter, please ca	ail:	
Sander Name of	Crover of Person	at (516) 557 Area Code Daytim	2827 e Telephone Number
losed is a check for t	he 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 Addres		<u>Street Address:</u> Registration Se	ction

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Company as it nov</u> (A Florida Limited Liability Company)	v appears on our records.) mpany)
ne <b>Articles</b> of Organization for this Limited Liability Company were filed torida document number L18000236494	d on 10/05/2018 and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability comp	pany here:
01 BLUESTEAM CIRCLE LLC	
he new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLG" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	: <del>= = =</del> : : : : : : : : : : : : : : : : :
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	~
<del> </del>	· · · · · · · · · · · · · · · · · · ·
. If amending the registered agent and/or registered office address or gent and/or the new registered office address here:	our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	
P. I	nter Florida street address
	Florida

New Registered Agent's Signature, if changing Registered Agent:

101 BLUESTEM CIRCLE LLC

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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added amoved from our records:

CR = Manager

MBR = Authorized Member

<u>de</u>	<u>Name</u>	<u>Address</u>		Type of Action
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				_ □Remove
				_ ⊡Change
				_ □Add
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the total all the sections.		(opti	onal)	
ive date, if other than the date of filing:	prior to date of filing or	more than 90 days after	tiling.)	Pursuant to 605.020
If the date inserted in this block does not meet the a nent's effective date on the Department of State's rec	plicable statutory fill	ing requirements, thi	s date v	vill not be listed a
•••••••••••••••••				
d specifies a delayed effective date, but not an effect	ve time, at 12:01 a.m	. on the earlier of: (b	) The	90th day after the
led.				
SEPTEMBER 9TH 2020				
, 2007	·			
Signature of a member or				