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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: Stephensen (0. Heact Name of Limit	ed Hability Company
The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.
Please return all correspondence concerning this matter to	o the following:
Delfrey A	Name of Person
Stephenson	Contracting Services, LLC Firm/Company
6950 Avenu	ne Des Palais 18 Address
	dena, FL 33707 City/State and Zip Code
\e-ts+cphens	be used for future armual report notification)
For further information concerning this matter, please cal	ll:
Settrey Stephenson Name of Person	at (575) 465-3700 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25,00 Filing Fee S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stephenson C	intraction	ny as it now appears on our records.) Liability Company)
(Name of the Emilies)	A Florida Limited L	Liability Company)
The Articles of Organization for this Limited Lia Florida document number <u>L180002832</u>		were filed on $\frac{12/17/18}{}$ and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liabi	ility company here:
The new name must be distinguishable and contain the wo	rds "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	6950 Avenue Des Palais
(Principal office address MUST BE A STREET	ADDRESS)	South Pasadena, FL 33707
Enter new mailing address, if applicable:		6950 Avenue Des Palais
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	South Pasadena, FL 33707
B. If amending the registered agent and/or reagent and/or the new registered office address		address on our records, enter the name of the new registered
Name of New Registered Agent:	<u>)e</u> #+	ey H. Stephenson
New Registered Office Address:	6950 A	Lenne Des Palais IB Enter Florida street address
	South	O .

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>	Name	Address	Type of Action
AP	Annotte Steptenson	6950 Avenue Des Palais	🗆 Add
		i B	Remove
		South Pasadena, FL 3370	7 □Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			[]Change

	Annete K. Stechenson is listed as Registored
	Agent and also Title AP.
_	1) 4 2003 500 600 60 600 600 600 600 600 600 600
_	Tille Conside Comball Tilet
	I need to remove her from both. I wont
_	the only name listed to Stephenson Contract
wirebaa	the only name listed for Stephenson Contract Services, LLC to be Seffrey H. Stephenson.
	<u> </u>
_	
_	I Softray A. Stophenson am familiar with and
	acerpt the obligations of the position
_	
	- The St
	7
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_	
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	we date, if other than the date of filing: $8/18/20$ (optional)
te: I	we date, if other than the date of filing: O/O/CO (optional) retive 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 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.
cord s lile	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after thed.
	0.110
ted_	8/18 2020
	Signature of a member or authorized representative of a member
	Signifure of a member or authorized representative of a member Jeffrey A Starting Scan Typed or printed name of signee