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## **COVER LETTER**

TO: Registration So Division of Cor				-		
STALWAI	RT ESTEEN MANAGEMENT	, LLC		•		
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Elizabeth Glenn					
		Name of Person				
	B & E Esteemed Transit, I	A.C				
		Firm/Company			207	
	11 Monroe Creek Drive			TALLE	20 N	<b>-</b>
		Address	<u> </u>		<del></del>	
	Midway, FL 32343			TWRY OF	+ -P	
	eglenn49@yahoo.com	City/State and Zip Code		EE, F	2021 OCT 14 PM 2: 05	C
		to be used for future annual i	report notification)	— TH	)5	
For further information e	oncerning this matter, please c	all:				
Elizabeth Glenn		850 228 at ()	8-0816			
Name o	f Person	Area Code	Daytime Telephone Nu	ımber		
Enclosed is a check for the	he following amount:					
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Cert losed) Cert	00 Filing Fee, tificate of Stat tified Copy attornal copy is enc	us &	
Mailing Addres Registration	Section		ation Section			
Division of C P.O. Box 632			n of Corporations  outre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STALWART ESTEEN MANAGEMENT, LLC		
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our re led Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Compa	any were filed on 02-05-2019	and assigned
Florida document number 1.19000036053		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited l</u>	iability company here:	
B & E Esteemed Transit, LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
		202 
		OCRE
Enter new mailing address, if applicable:	PO Box 211	
(Mailing address MAY BE A POST OFFICE BOX)	Midway, FL 32343	AS F
		SEC - PR 111
		1 2: 0 5 TAT
B. If amending the registered agent and/or registered offi	ce address on our records, e	nter the rame of the new regist
agent and/or the new registered office address here:		
Name of New Registered Agent:		
N . D . : . 1007 A II		
New Registered Office Address:	Enter Florida street a	ddress
		T21
	City	

## 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 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>	<u>Address</u>	Type of Action
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			□Add
			Change
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			SFI PAIChange  SFI Change  THE LAHASSEE FL  Change
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ffective date, if other an effective date is listed, th lote: If the date inserted ocument's effective date	THE COLOR OF CHAPTER AND	OCS HOLDICEL	ик аописан	date of filing or le statutory fili	more than 90 da ng requiremen	(optional) es after filing.) I ts. this date w	Pursuant to ill not be	605.0207 listed as
record specifies a delaye is filed.	d effective date	, but not an e	ffective time	, at 12:01 a.m	on the earlier	of: (b) The	90th day a	ifter the
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Elizabeth Glen								

Filing Fee: \$25.00