# L1900005/839

(	Requestor's Name)	
	(Address)	
(	(Address)	
(	(City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of Status	
Special Instructions	to Filing Officer:	





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## **COVER LETTER**

TO:	Registration Sec Division of Corp		**	•
SUB	JECT:	Stringer \$1	evy LLC nited Liability Company	
		Amendment and fee(s) are subadence concerning this matter		
		Jash	Name of Person	er
		Stringe	r & Levy LLC	<u>-</u>
		10023 3 No	b hill cr Address	
			FL 3332 1 City/State and Zip Code	<del> </del>
For fu	irther information co	E-hall address: (	roser 69mail. Co to the used for future Innual report noti all:	fication)
	OSMAN ST Name of	ring-er Person	at ( <u>312</u> ) <u>823</u> - Area Code Daytim	- 0613 e Telephone Number
Enclo	sed is a check for the	following amount:		
<b>Ø</b> S∶	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 ADDRESS:

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

Stringer & Li	evy LLC	FILED	
(Name of the Limited Lia (A Flo	hility Company as it now app rida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Florida document number <u>L196665183</u>	y Company were filed on	2019 MAN ILL P 12 #3	
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the l	imited liability company	<u>here</u> :	
The new name must be distinguishable and contain the words	Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD	DRESS)		<del></del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or re registered agent and/or the new registered office a		on our records, enter the name of the	— e nev
Name of New Registered Agent:			
New Registered Office Address:	Enter F	lorida street address	
		, Florida	
	City	Zip 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 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 add or removed from our records:

MGR = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	Name	Address	Type of Action
CEO MGR	Joshua J. Stringer	10023 S Nobhill Cr	<b>⊿</b> Add
MOR AMBR	· ·	10023 S Nob hill Cr Tomorae FL 33321	□ Remove
			Change
			☐ Remove
			Change
			Remove
			☐ Change
			🗆 Add
			□ Remove
			Change
			Add
			☐ Remove
			Change
			□ Remove
			Change.

	IN = 93 - 3686775	
		<u></u>
·		
f an effecti <mark>Note:</mark> If	ye date, if other than the date of filing:  ctive date is listed, the date must be specific and cannot be prior to date of 1  f the date inscrted in this block does not meet the applicable status  nt's effective date on the Department of State's records.	(optional)  Tiling or more than 90 days after filing.) Pursuant to 605.0207 (3 tory filing requirements, this date will not be listed as the
e recor The 90	ord specifies a delayed effective date, but not an effe 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlier of:
)ated	March 11th 2019.	
	Signature of a member or authorized repre	esentative of a member
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Filing Fee: \$25.00