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(R	equestor's Name)	
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(C	ity/State/Zip/Phone	: #)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Stephanie Lynr Name of Li	Barnow LLC mited Liability Company
The enclosed Articles of Amendment and fee(s) are su	·
Please return all correspondence concerning this matter	er to the following:
Stephan	Name of Person
Stephanie	Lynn Barnow HC Firm/Company
3333	Duck AVL Fa05 Address
Key_	West FL 33040 City/State and Zip Code
E-mail address:	(to be used for future annual report notification)
For further information concerning this matter, please	
Stephanie Wise	at (305) 563-8873
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Solution Status	□ \$55.00 Filing Fee & □ \$60.00 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	Street Address: Registration Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stephanie Lynn Bar (Name of the Limited Liability Compa (A Florida Limited L	nou LL C ny as it now apper Liability Company)	ars on our records.)		
The Articles of Organization for this Limited Liability Company Florida document numberL_1900_t13657.	were filed on _	4/25/19	an	id assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabile. Stephanie Lynn Wise LLC The new name must be distinguishable and contain the words "Limited Liabile."		 _	the affiliacidation	2020
				2
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	No Cha	hac	7.0 2.0 2.0 2.0	- P
Enter new mailing address, if applicable:				7
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·			····
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our	records, enter the	name of th	e new registered
Name of New Registered Agent:		<u> </u>		
New Registered Office Address: Enter Florida street add		rida street address		
		Florida	a	
New Registered Agent's Signature, if changing Registered Agent:	City		Zip (Tode .
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of	performance of rovided for in	f my duties, and La Chapter 605, F.S.	am familia Or, if this	r with and document is

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

Title	Name	Address	Type of Action
President	Stephanie Lynn Wisc Charge)	3ame	
(Name	Charge)		□Remove
			Change
		NA SECRET	2020 □Add
		ST.	And
		7 (A) M (A) M (A)	Remove
			Change
		ini	□Add
			□Remove
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			Change

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JANUARY 15 2026.			0.53.				

Filing Fee: \$25.00