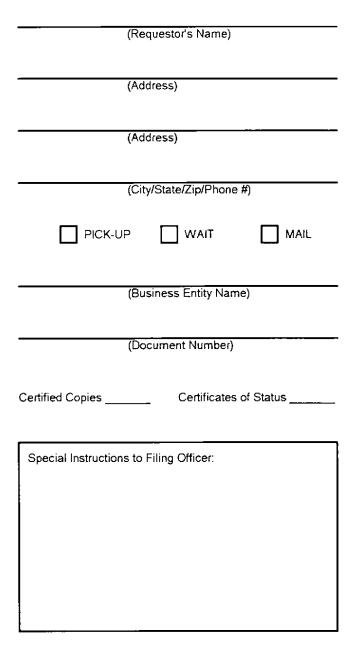
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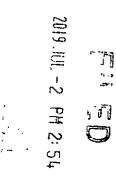






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C. GOLDEN
JUL 1 5 2019

COVER LETTER

ТО:	Registration Section Division of Corpor			1
SUBJF	ect: Ste	ele Works Name of Limi	LLC ited Liability Company	
The end	closed Articles of Am	endment and fee(s) are sub-	mitted for filing.	
Please	return all corresponde	nce concerning this matter	to the following:	
		Angela	M. Steele Name of Person	<u>yahoo.</u> (om icanin)
		Steele	Works LLC Firm/Company	
		1103	Pearl St.	
	-	New Sn Angel	Nyrna Beach, F City/State and Zip Code a _ Steele 22@ o be used for future annual report not	-L 32168 2 yahoo. com
For fur	ther information conc	erning this matter, please ca	dt:	
	Angela A	1. Steele	at (<u>386)</u> <u>88 1</u> Area Code Daytin	2 - 6000 ne Telephone Number
Enclos	ed is a check for the fe	ollowing amount:		
52 5	5.00 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

E I

Steele Work	KS LLC.	2019 .7012	PH 2:51
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our red Liability Company)	records.)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L 19 000 (50 739</u>).	ny were filed on	e 10 ^{-th} , 2019 and assigned	i de Sirie de La Caracteria de La Caract
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lin	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	ability 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)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		cords, enter the name of th	ne new
Name of New Registered Agent:	thur Eldridge	<u>e</u>	
New Registered Office Address: 110	3 Pearl St. Enter Florida street o	~ d de voc	
_ Neu	J Smyrna Beach		

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Angela M. Steele	1103 Pearl St	
	-	New Smyrna Beach FL 3211	Remove 0 8
			Change
MGR	Arthur Eldridge	1103 Pearl St.	□ Add
		1103 Pearl St. New Smyrna Beach, Fl. 32	Remove
			Change
			П Кепюче
			□ Change
			Add
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ective d	ate, if other ti	han the date of	filing:					(option	al)	
		date must be speci n this block does								
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Filing Fee: \$25.00