## L19000246108

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Corp	porations		
SUBJECT: Lau)	Office of Name of Lim	Sherene C. S ited Liability Company	itenger LLC
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		C Stenger Name of Person	
	Law Office	of Sherene C.	Stronger PLLC
	2871 N.	Ocean Blud Address	Apt C301
		F) 3343 City/State and Zip Code	
	Sherenen W E-mail address: (	a o ) . Com to be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca	all:	
Sherene Name of	Stenger	at (303) 60) Area Code Daytim	1475 e Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee  □ Section 1.15  □ Section	□ \$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 S Division of Co	ection orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Law Office of Sherene C. Stenger LLC

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. U liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LIP 00024 610</u> \$	were filed on $9/30/19$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
Law Office of Sherene C  The new name must be distinguishable and contain the words "Limited Liabil	Stenger, PLLC ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2871 N. Ocean Bird.
(Principal office address MUST BE A STREET ADDRESS)	Apt 6301
	Apt C301 Boca Raton F1 33431
Enter new mailing address, if applicable:	2871 N Ocean Blud
(Mailing address MAY BE A POST OFFICE BOX)	Apt C301 Buca Raton F1 33431
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 the new registered
Name of New Registered Agent: Shere	N UCE no Blvd Aph C301  Enter Florida street address  Ratun Florida 33431-  Zip Code P
New Registered Office Address: 2871	N Ucean Blud, ApT C301
4	Enter Florida street address
buca	Ratun Florida 33431-
New Registered Agent's Signature, if changing Registered Agent:	24 600
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	ee to act in this capacity. I further agree to comply with the

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
			□Add
			Remove
			Change
			🗀 Add
			Remove
			□Сһапде
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		1	Remove
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			□Change

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Signature of a member or authorized representative of a member	ated 1/3	5		2021.					
		Shev.i	Signature of a men	117) erry be	r esentative of	a member	-		

Filing Fee: \$25.00