L19000294983

(Re	questor's Name)	
,	,	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	Certificates of	Statue
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Special Instructions to	Filing Officer	
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Office Use Only



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Name Change

COVER LETTER

Divisi	tration Section on of Corporations			
SURIFCT	Steppenic Alend	v LLC		
Gebaber	Name of Lit	nited Liability Company		
The enclosed /	articles of Amendment and fee(s) are su	bmitted for filing.		
Please return a	I correspondence concerning this matte	r to the following:		
	Stephanic Alcin	der		
		Name of Person		
	3tephanie Alend	ir LL(
	<u> </u>	Firm/Company		
	1170 NW 1151	A pt. 813		
		Address		
	Miani, FL	3313b		
	44	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
	S. alciviter 11 00 a	Moul, LVIV (to be used for future annual report notific	vation)	
re			ann,	N 50.
	ormation concerning this matter, please	can:		0
Nevinsthe	n Alindr	at (305) +81 - 070 Area Code Daytime	01	20 MAR 13 AH11: 5
	Name of Person	Area Code Daytime	Telephone Number	3 AHH: 51
				AHI See
Enclosed is a c	heck for the following amount:			
□ \$25.00 Fil	ing Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is enclo	ترة في ** ***
<u>Maili</u>	ng Address:	Street Address:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centra of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Stephanic Alcindor L (Name of the Limited Liability Companic A Florida Limited L	LC
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1900294983</u> .	were filed on 12/3/19 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:
The new name must be distinguishable and contain the words "Limited Liabili	
Enter new principal offices address, if applicable:	1170 NW 11 St Suik 813 Miami, FL 33136
(Principal office address MUST BE A STREET ADDRESS)	
	20 FER 1 - 1
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
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:	
New Registered Office Address:	Enter Florida 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

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>	<u>Name</u>	Address	Type of Action
			□Add
		□ Remove	
		□Change	
			□Add
			□Remove
			□Change
			□Add
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		🗆 Add	
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			□Change

ii amer	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an offer Note: I	te date, if other than the date of filing:
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	February 6th 2020
	HAW
	Signature of a member or authorized representative of a member
	Stephanic Alcinton
	Typed or printed name of signee

Filing Fee: \$25.00