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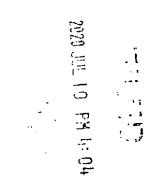
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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: Stephs	Plus S	Southern Soul	Delights LLC
	Name of Limi	тей Главниу Сотрану	•
The enclosed Articles of Amendm	ent and fee(s) are sub	mitted for filing.	
Please return all correspondence co	oncerning this matter	to the following:	
	Charlie	T Be//a	2my
<u>5</u> +	ephs Plus	Southern Soul De	elights LLC
	911 Juan	ita Tip Dr Address	
P	Vant Cit	City/State and Zip Code SD @ Gmail, Code o be used for future annual report notif	67
	Stephs PS. E-mail address: (1	SD @ Gmail. Co	2m ication)
For further information concerning			
1		at (<u>863</u>) <u>669- 6</u> Area Code Daytimo	664
Name of Person		Area Code Daytimo	Telephone Number
Enclosed is a check for the followi	ng amount:		
	.00 Filing Fee & ertificate 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:		Street Address:	4 1
Registration Section Division of Corporati	ons	Registration Sec Division of Con	
P.O. Box 6327	-	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stephs Plus Southern (Name of the Limited Liability Compan (A Florida Limited Li	Soul Deligi y as it now appears on our recor- ability Company)	1/5 L	<u>LC</u>	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L20000/69205</u> .	vere filed on June 1	8,202	and assi	.gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company here:		2020	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LL.	C" or the abbre	eviation "L.I	C."
Enter new principal offices address, if applicable:	_	٠.	5	·•
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	77	<u> </u>
			ti 04	. <i>d</i>
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			·	
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	ldress on our records, <u>ente</u>	r the name	of the new	∕ registered
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Address.	Enter Florida street addre	255		
		lorida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, a covided for in Chapter 605.	and I am far , F.S. Or, if	niliar with this docu	h and ment is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
Tille AMBR, MGR, CEO.	Charlie T Bellamy	1911 Juanita Tip Dr	
	,	1911 Juanita Tip Dr Plant City, FL 3356	27 □Remove
AMBR, MGR, -COO -	Stephnie L Reaves	1302 E Calhoun Si	1 22 Xdd
		1302 E Calhoun St. Plant City, FL 3356.	3_ □Remove
		· 	
			🗆 Add
			Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	□Add
			□Remove
			□Change
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			□Change

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an effective date is list of the date in t	ther than the date of filin sted, the date must be specific an serted in this block does not be date on the Department of	d cannot be prior to date meet the applicable st			
record specifies a c is filed.	lelayed effective date, but no	ot an effective time, at	12:01 a.m. on the earli	er of: (b) The 90th day a	ifter the
ated		· ———			
		(25			
	Signature of a	member or authorized r	epresentative of a membe	r	
	c_1	Typed or printed name	1		