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COVER LETTER

TO: Registration Section

Division of Corporations STEPHANIESELLSHOMES, LLC **SUBJECT:** Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: LOVETTE DOBSON Name of Person INCFILE.COM LLC Firm/Company 17350 STATE HWY 249 STE 220 Address HOUSTON, TX 77064 City/State and Zip Code EFILE1234@INCFILE.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LOVETTE DOBSON Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| STEPHANIESELL | LSHOMES, LLC | |
|--|---|---------------------------------------|
| (Name of the Limited Liability Com (A Florida Limite | npany as it now appears on our red ed Liability Company) | cords.) |
| The Articles of Organization for this Limited Liability Compa | ny were filed on 07/17/2020 | and assigned |
| Florida document number L20000208614 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited li | ability company here: | |
| STEPHANIEWOOD LLC | | |
| he new name must be distinguishable and contain the words "Limited Lie | ability Company," the designation " | LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 207 |
| Principal office address MUST BE A STREET ADDRESS) | | |
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| | | · · · · · · · · · · · · · · · · · · · |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | ω |
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| If amending the registered agent and/or registered office agent and/or the new registered office address here: | ce address on our records, <u>en</u> | iter the name of the new registe |
| gent and/or the new registered office address here. | | |
| Name of New Registered Agent: | | |
| N D 14 100 . Add | | |
| New Registered Office Address: | Enter Florida street ad | idress |
| | | . 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 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 |
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| is filed. April 23 2021 | |
| April 23 2021 | f: (b) The 90th day after |
| April 23 2021 | |
| tot - | |
| ated April 25 | |
| tephanil Vood | |
| Signature of a member or authorized representative of a member | |
| Stephanie Wood | |