## LZ0000Z119ZZ

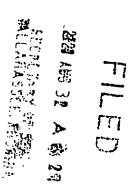
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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## COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: STE	WARTS SHINE Name of Limi	E ON Mobile De ted Liability Company	ETAILING LCC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	•	Stewart Name of Person	
			le Detailing all
	472 NW 200	WAY Address	
	Deen Freld,	Bch. FL. 33	344/
	+rips/ing	ahoo.Com o be used for future annual report notif	ication)
For further information of	oncerning this matter, please ca	II:	
Kenyath S	Ferson	at ( <u>754</u> ) <u>399</u> Area Code Daytime	- 6940 : Telephone Number
Enclosed is a check for t	nc following amount:		
■ \$25.00 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		Street Address: Registration Sec	rtion

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ame of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) Florida document number <u>L20000211922</u>. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

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
AMBR	Kenyath Stewart	472 NW and WAY Deen Feb 3ch. Fl, 3344/	🖹 Add
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lfan effect <u>Note:</u> If	e date, if other than the date of filing:
च १८ १८६च	
Dated	8/28/20  Lewal  Signature of a member of authorized representative of a member
	de Sharat
	Signature of a member of anthorized representative of a member  Kenyath Stewart  Typed or printed name of signee