L20000255539

(Re	equestor's Name)	
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	gistration Sec vision of Corp		y s t t y t	
	STEPHENE	EARLYMILLWORK CONSU	LTING LIMITED LIABILITY COMPANY	
SUBJECT:	·	Name of Limi	ited Liability Company	
The enclose	d Articles of z	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspoi	idence concerning this matter	to the following:	
		STEPHEN KENNEDY EA	ARLY	
			Name of Person	
			Firm/Company	
		6700 CYPRESS RD APT		
			Address	
		PLANTATION , FL 3331		
		EARLYSK5570@COMCA	City/State and Zip Code ST.NET	
		E-mail address: ()	to be used for future annual report notification)	
For further	information co	oncerning this matter, please ca	all:	
STEPHEN	KENNEDY F	EARLY	305 2913956 at ()	
	Name of	Person	Area Code Daytime Telephone Number	
Enclosed is	a check for th	e following amount:		
■ \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee Certified Copy (additional copy is enclosed)	atus &
R D P.	ailing Address egistration S ivision of C O. Box 632 allahassee, F	Section orporations 7	Street Address: 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

STEPHENEARLYMILLWORK CONSULTING LIMITED LIABILITY COMPANY: 10 - 1 - 2

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/19/2020 and assigned Florida document number L20000255539 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 "L.L.C." 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: STEPITEN EARLY

6700 CYPRESS NO 309

Enter Florida street address

PLANTATION Florida 33317

City Zip Code Name of New Registered Agent: New Registered Office 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.

f 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 - 100 11 11 12	Type of Action
MGRM	EARLY STEPHEN KENNEDY		= Add
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effective date e: If the da	e is listed, the d te inserted in		ific and c s not me	annot be p	olicable sta			days afte		Pursuant to 605.0 will not be listed
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		Signatu	re of a me	ember or a	uthorized re	presentative	of a memb	er		<u> </u>