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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
STEPHON	NK PROPERTIES LLC		<i>,</i>
SUBJECT:			
	Name of Lin	nited Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	KERRON CLEMENT		
		Name of Person	
	STEPHON K PROPERIT	ES LLC	
		Firm/Company	
	2621 NW 104TH CT #E		
		Address	
	GAINESVILLE FLORID	A 32606	
	KERRONCLEMENT@YA	City/State and Zip Code HOO.COM	
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please co	all:	
KERRON CLEMENT		818 9153881	
		at ()	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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 Addres	<u>ss:</u>	Street Address:	
Registration		Registration Se	
Division of C P.O. Box 632		Division of Cor The Centre of T	•

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STEPHON K PROPERTIES LLC

(Name of the Limited Liability Company as it now appears on dur records:) 6 F1 2: 10 (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on	20 F STATE Fand assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	Hity Company," the designat	ion "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 agent and/or the new registered office address here:	address on our records	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et 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 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
MGR	KERRON CLEMENT	2621 NW 104TH CT #E GAINESVILLE FLORIDA 32606	= Add
			□Remove
			□Change
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			□Remove
			□ Change
			□Add
			□Remove
			□Change

	
Note:	ctive date, if other than the date of filing:
	ord 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
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he reco	filed. 10/19/2021
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