## L20 000 276 008

(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	<del></del>
( )		
(Cit	ty/State/Zip/Phone #	)
	<b>-</b>	<b>—</b>
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)	)
(Dr	ocument Number)	
(50	edinent (Namber)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
opecial alguacions to	7 ming Officer.	1
		[
	<del></del>	





200352407932

99/25/20--01918--012 \*\*55.00

2020 SEP 25 PM 4: 10

D. BRUCE NOV 01 2020

## **COVER LETTER**

Division of Corpo	rations			
SUBJECT: Ste	Wart MS Name of Lin	fallation (LC) nited Liability Company		
The enclosed Articles of Ar	mendment and fee(s) are sub	omitted for filing.		
Please return all correspond	lence concerning this matter	to the following:		
	Jeren Steu	My Stewart  Name of Person  Dart In Stallar  Firm/Company	tian LC	
	17439 156	DEI CA. Address		
		City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	Yahoo.Casa 8	
For further information con	cerning this matter, please of	call:	Yahoo.Casallasep 25	· r
Serence Name of P	s Stewart coson	at (813) (029) Area Code Daytime	Telephone Number	- Ztr
Enclosed is a check for the	following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address		Stand Add		

Mailing Address:

TO: Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Stewart	Installah	an (LC			
(Name of the Limiter	d Liability Company as it A Florida Limited Liability	Company)	recor <u>us.</u> )		
The Articles of Organization for this Limited Lia	bility Company were f	iled on <u>913/</u>	2020	_ and ass	igned
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liability co	ompany here:			
The new name must be distinguishable and contain the wo	ords "Limited Liability Con	npany," the designation	"LLC" or the abbre	viation "L	.L.C."
Enter new principal offices address, if applica	ıble:		<del></del>	- 23	
(Principal office address MUST BE A STREE)				20 51	
	<del></del>				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO.)	_		70 (7) (7)	5 	. T
	<u> </u>		<u> </u>		
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office addre s <u>s here</u> :	ss on our records,	enter the name	of the ne	w <u>registe</u>
Name of New Registered Agent:	Jeren	u Ste	UOVA	<u> </u>	
New Registered Office Address:	17439	Enter Florida stree	n address		
	Odersa (	Üty	Florida <u>3</u>	355 Zip Code	<i>D</i>
New Registered Agent's Signature, if changing I	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.

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	Type of Action
MGR	Lindsey Stewar	17439 Isbell Co.	
	J	17439 Isbell La. Odessa, FL 33556	Aremove
			□Change
			🗆 Add
			□Remove
			□Change
			SEI TI
			SEP Remove
			SEP Remove O Change
			Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□ Chonus

							_
		_					_
						-	_
							_
							_
							_
	<del></del>						_
							_
							_
					M.	020	
					- T- 17	SE <sub>D</sub>	7
					_ II(.)   325   (0)	N V	4.3
					CHI.	<u> </u>	
					711	·:	·
					t <sup>-</sup>	0	
							_
	·						_
an effective date is listed,	r than the date of fili the date must be specific a ed in this block does not te on the Department of	and cannot be prior to da it meet the applicable	te of filing or more than	(option 90 days after fi rements, this c	ling.) Purs	suant to 6 not be li	05.0207 isted as
	•						
			at 12:01 a.m. on the e	arlier of: (b)	The 90t	h day af	ter the
ocument's effective da record specifies a dela	yed effective date, but n	not an effective time,					
ocument's effective da		oot an effective time,					