120000 296537

(Requestor's Name)	
(Address)	900357910
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	01/15/21010130
(Document Number)	
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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	Stenmax I Name of Lim	noustries LLC ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	<u>Jorda</u> Steinma	Name of Person A From the state of the stat	LLC
	6800 Gut	Firm/Company Address	Ste 201 - 104
	South tage Jordan Q 3 E-mail address:	City/State and Lip Code tein max, com to be used for future annual report notif	ication)
For further information cor	ncerning this matter, please co	all:	
Jordan Name of F	Stein	at (<u>574</u>) <u>575</u> Area Code Daytime	Company Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address:</u>		Street Address:	

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

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our recor Liability Company)	<u>-ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number 2000 296537.	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		7
		· om
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
	, F	lorida
	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 Title **Address Type of Action** Name Jordan Stein G800 Bulfport Blud Ste 201 DAdd MGR South Possadera, FL 35707 Opremove 6800 Bulfport Blud Ste 20 Change South Resodera, FL 33707 Spada Jordan Stein □ Remove 6800 Gulfport Ste 201 grade South Pardena, FL, 33707 Remove _ □Change : 至 □ ∆dd _ □Remove _____ □Remove

	
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fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date ote: If the date inserted in this block does not meet the applicable statement's effective date on the Department of State's records.	(optional) of filing or more than 90 days after filing.) Pursuant to 605.020' atutory filing requirements, this date will not be listed as
ecord 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
is filed.	\mathcal{L}
1ed 13th chy of lenvery, 2021	
Signature of a member or authorized re	epresentative it a thember

Filing Fee: \$25.00