LZ0000304091

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COVER LETTER

	Registration Sect Division of Corpo			
SUBJEC	Step it up wit	h Stephanie LLC		
o (i Diji ze.		Name of Lim	ned Liability Company	
The enclo	sed Articles of A	mendment and fee(s) are subt	mitted for filing.	
Please ret	urn all correspond	dence concerning this matter	to the following:	
		Stephanie Foster		
			Name of Person	
		STEP IT UP WITH STEPF	HANIELLC	
		·	Firm/Company	
12900 BROXTON BAY DR APT 221				
			Address	
	JACKSONVILLE, FLORIDA 32218			
			City/State and Zip Code	·
		stepjonee@yahoo.com E-mail address: (t	o be used for future annual report notific	ration)
For furthe	er information cor	ncerning this matter, please ca	ill:	
Stephanic	: Foster		904 674-1420	
	Name of I	² erson	at () Area Code Daytime	Telephone Number
Enclosed	is a check for the	following amount:		
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address: Registration Se		<u>Street Address:</u> Registration Sect	ion

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

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

19

STEP IT UP WITH STEPHANIE T	RUCKING LLC				
(Name of the Limit	ed Liability Compa (A Florida Limited I	i <mark>ny as it now appears o</mark> Liability Company)	n our records.)		
The Articles of Organization for this Limited Li Florida document number L20000304091	ability Company	were filed on	/2020 and assigned		
This amendment is submitted to amend the follo	swing:		27		
A. If amending name, enter the new name of	f the limited liab	ility company here	;		
STEP IT UP WITH STEPHANIE LLC					
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the desi	gnation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applic	Enter new principal offices address, if applicable:		12900 BROXTON BAY DR APT 221		
(Principal office address MUST BE A STREET ADDRESS)		JACKSONVILLE	, FL 32218		
Enter new mailing address, if applicable:		12900 BROXTON BAY DR APT 221			
Mailing address MAY BE A POST OFFICE BOX)		JACKSONVILLE	FL 32218		
B. If amending the registered agent and/or ragent and/or the new registered office address		address on our reco	ords, enter the name of the new registere		
Name of New Registered Agent:	Stephanie Foster				
New Registered Office Address:	12900 Broxton	Bay Dr apt 221			
	Enter Florida street address				
	Jacksonville		Florida ³²²¹⁸		
		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.

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager MBR = Authorized Member

<u>tle</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			
			□Add
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ffective date, if other than the an effective date is listed, the date mus sote: If the date inserted in this blocument's effective date on the Document's	ock does not meet	the applicable	ne of filing or mor statutory filing	(option than 90 days after requirements, this	onal) filing.) Pursuant to 6 date will not be li	05.0207 sted as
record specifies a delayed effective d is filed.	e date, but not an e	ffective time,	at 12:01 a.m. or	the earlier of: (b)	The 90th day af	ter the
February 03)21				
Sto	Manue Rignature of a memb	1 Los	tin			
	Signature of a memb	ner or authorize	d representative o	a member		

Filing Fee: \$25.00