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(R	equestor's Name)	
(A	ddress)	· <u></u> ·
(Ad	ddress)	
(C	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

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A. BUTLER NOV 05 2021

COVER LETTER

		•			
STEVE LL	OYD, LLC	•	•		
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	STEVE LLOYD				
		Name of Person			
	Name of Person				
	2121 Sotterley Lane				
		Address			
	Jacksonville, FL 32220				
		City/State and Zip Code			
For further information c			aneation)		
STEVE LLOYD					
Name o	f Person	Area Code Dayti	me Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
			ection		
Division of Corporations		Division of Co	Division of Corporations		
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STEVE LLOYD, LLC

2021 OCT 25 AHIL: 19

(Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 05/2021 and assigned Florida document number L21000107174 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 "LLC." 9424 Baymeadows Road Enter new principal offices address, if applicable: SUITE 250 (Principal office address MUST BE A STREET ADDRESS) Jacksonville, FL 32256 9424 Baymeadows Road Enter new mailing address, if applicable: SUITE 250 (Mailing address MAY BE A POST OFFICE BOX) Jacksonville, FL 32256 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street 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.

City

If Changing Registered Agent, Signature of New Registered Agent

____, Florida ____

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>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Remove
			□ Change
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ffective date, if other than the date must an effective date is listed, the date must lote: If the date inserted in this blocomment's effective date on the Department.	k does not mee	et the applicabl	date of filing or more statutory filing	(opti e than 90 days after requirements, thi	onal) : filing.) Pursuant to G s date will not be l	505.0207 (isted as t
record specifies a delayed effective I is filed.	date, but not an	effective time	e, at 12:01 a.m. oi	n the earlier of: (b) The 90th day a	fter the
October 20 Pated	:	2021				
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	ionabure of a more	mber or authoric	red representative o	f a member		

Filing Fee: \$25.00