

L71000200577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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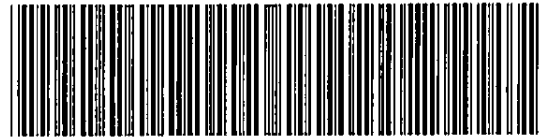
(Business Entity Name)

(Document Number)

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02/28/23

**TO: Registration Section  
Division of Corporations**

STEPHANIE MICHELLE OKULEY LLC

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEPHANIE OKULEY LEITAO

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

PO BOX 170

\_\_\_\_\_  
Address

TERRA CEIA, FL 34250

\_\_\_\_\_  
City/State and Zip Code

STEPHANIEOLEITAO@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

STEPHANIE LEITAO 941 773-2677  
\_\_\_\_\_  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:**  
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

10  
**ARTICLES OF ORGANIZATION  
OF**

STEPHANIE MICHELLE OKULEY LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on APRIL 29, 2021 and assigned Florida document number 1.21000200577

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

STEPHANIE LEITAO LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

61 ISLAND CT  
TERRA CEIA, FL 34250

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 170  
TERRA CEIA, FL 34250

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CLERK OF STATE  
TALLAHASSEE, FL  
FILED

**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:

STEPHANIE OKULEY LEITAO

New Registered Office Address:

61 ISLAND CT

*Enter Florida street address*

TERRA CEIA

Florida 34250

*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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	STEPHANIE OKULEY LETAO	61 ISLAND CT	<input checked="" type="checkbox"/> Add
		TERRA CEIA FL 34250	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	STEPHANIE MICHELLE OKULEY <del>LETAO</del>	61 ISLAND CT	<input type="checkbox"/> Add
		TERRA CEIA FL 34250	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 COUNTY OF STATE  
 MISSISSIPPI FL

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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TAMPA  
COUNTY OF STATE  
FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated FEBRUARY 23 2023

Signature of a member or authorized representative of a member

STEPHANIE OKULEY LEITAO

Typed or printed name of signee