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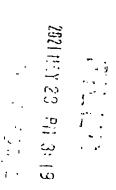
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Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO: Registration Section

**Division of Corporations** 

CHRIPCT	HOLMBERG	G STEPHEN PAUL. PLLC	
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	STEPHEN PAUL HOLM	BERG	
		Name of Person	
	HOLMBERG STEPHEN	PAUL PLLC	
		Firm/Company	
	9821 SORBONNE LOOP		
	<del></del>	Address	1737
	SEFFNER, FLORIDA 33	3584	
		City/State and Zip Code	. ro .
	steveholmberg1@icloud.		····
	E-mail address: (	to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please c	all:	ű
STEPHEN PAUL HOLM	мвеrg	813 690-2346 at ( )	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S	Section	Street Address: Registration Sec	
Division of C P.O. Box 632	-	Division of Corp The Centre of Ta	
Tallahassee, I			Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	HOLMBERG STEPHEN PAUL PLLC	
( <u>Na</u>	me of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
	nis Limited Liability Company were filed on MA	
his amendment is submitted to a	mend the following:	
A. If amending name, enter the	new name of the limited liability company he	e <u>re</u> :
	STEPHEN PAUL HOLMBERG PLLC	
he new name must be distinguishable a	nd contain the words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices addi	ress, if applicable:	 
Principal office address MUST i	BE A STREET ADDRESS)	
Enter new mailing address, if ap	pplicable:	-
Mailing address MAY BE A PO.	ST OFFICE BOX)	
B. If amending the registered aggent and/or the new registered  Name of New Registered		ecords, enter the name of the new regi
New Devictors of Office	. 44	
New Registered Office A		ida street address
		, Florida
	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

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
<del></del>			□Add
			□Remove
			□Change
	<del></del>	Remove	
			Remove
	3		□ Change
		<del></del>	□Remove
<del></del>			DAdd
			□Remove
			Change
<del></del>			□Add
	-	<del> </del>	□Remove
			□Change

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ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing or me: If the date inserted in this block does not meet the applicable statutory filing	ore than 90 days after filing.) Pursuant to 605.020
ument's effective date on the Department of State's records.	g requirements, and date will not be listed a
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of filed.	on the earlier of: (b) The 90th day after th
s med.	
ed MAY 25 2021	
<i>\$\ \\\\</i>	

Typed or printed name of signee