

121000 273615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

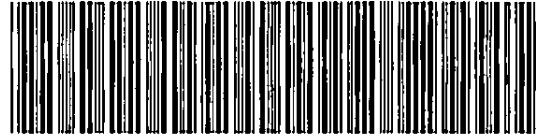
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/21/21--01014--011 **25.00

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2021 AUG 18 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FL

US
8/18/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2021

CHARLES E. STEPHENS
10608 TAVISTOCK DR
TAMPA, FL 33626

SUBJECT: CHARLES STEPHENS GROUP LLC
Ref. Number: L21000273615

We have received your document for CHARLES STEPHENS GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 221A00018018

RECEIVED
AUG 13 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHARLES STEPHENS GROUP LLC
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:

CHARLES E STEPHENS

Name of Person

CHARLES STEPHENS GROUP PLLC

Firm/Company

10608 TAVISTOCK DR

Address

TAMPA, FL 33626

City/State and Zip Code

CharlesStephens@KW.com

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

SECRETARY OF STATE
TALLAHASSEE, FL

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For further information concerning this matter, please call:

Charles E Stephens

813

786-8738

at ()

Name of Person

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CHARLES STEPHENS GROUP 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 06/01/2021 and assigned
Florida document number L21000273615.

This amendment is submitted to amend the following:

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

CHARLES STEPHENS GROUP PLLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

10608 TAVISTOCK DR

TAMPA, FL 33626

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10608 TAVISTOCK DR

TAMPA, FL 33626

SECRETARY OF STATE
TELEPHONE

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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:

CHARLES E STEPHENS

New Registered Office Address:

10608 TAVISTOCK DR

Enter Florida street address

TAMPA

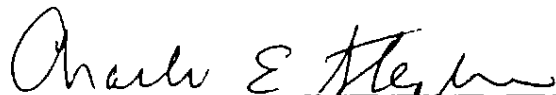
City

Florida 33626

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	CHARLES E STEPHENS	10608 TAVISTOCK DR	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The purpose is to Change my ~~reg~~ registration
from LLC to be recognized as a Professional
Firm ~~with~~ with a PLLC designation.

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SECRETARY OF STATE
TALLAHASSEE, FL

CES July 23,
JUNE 17, 2021

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.

July 23, CES

Dated ~~JUNE 17~~ 2021

Charles E Stephens

Signature of a member or authorized representative of a member

Charles E Stephens

Typed or printed name of signee