## h21000273615

(Requestor's i	Name)
(Address)	
(Address)	
(City/State/Zip	/Phone #)
PICK-UP W	AIT MAIL
(Business Ent	ity Name)
(Document No	umber)
Certified Copies Cert	ificates of Status
Special Instructions to Filing Office	er:

Office Use Only



600373197576

09:28/21--01009--015 \*\*27.00

1.1.0

## **COVER LETTER**

Registration Section Division of Corporations

TO:

	STEPHENS GROUP, PLLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	CHARLES E STEPHENS		
		Name of Person	·
	CHARLES STEPHENS, F	PLLC	Firm/Company  Address  State and Zip Code  ad for future annual report notification)  Area Code  Daytime Telephone Number  55.00 Filing Fee & Certificate of Status & Certific
	·	Firm/Company	
	10608 TAVISTOCK DR		
		Address	
	TAMPA, FL 33626		
	<u> </u>	City/State and Zip Code	<del>,</del>
	CharlesStephens@KW.com		
	E-mail address: (	to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Charles E Stephens			
Name (	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Addre Registration Division of C P.O. Box 633 Tallahassee.	Section Corporations 27	Registration So Division of Co The Centre of	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(Name of the Limited I	iability Compa Iorida Limited	nny as it now appears on our rec Liability Company)	ords.)		
The Articles of Organization for this Limited Liabi	lity Company	were filed on	and assigne		
Florida document number L21000273615	·				
This amendment is submitted to amend the following	ng:				
a. If amending name, enter the new name of th	e limited liah	ility company here:			
CHARLES STEPHENS, PLLC					
he new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation "I	LC" or the abbreviation "L.L.C."		
nter new principal offices address, if applicable:		10608 TAVISTOCK DR			
Principal office address MUST BE A STREET A	TAMPA, FL 33626				
inter new mailing address, if applicable:		CHARLES E STEPHENS			
•••	10608 TAVISTOCK DR				
Humng duaress WAT BE A FOST OF FICE BO.	<u> Iailing address MAY BE A POST OFFICE BOX)</u>				
. If amending the registered agent and/or registered and/or the new registered office address h  Name of New Registered Agent:			er the name of the new res		
	0/00 TABLET	COCK DB			
New Registered Office Address:	0608 TAVIST	Enter Florida street ada	Irass		
	* 1 <b>1 1</b> 1 1 1		•		
	'AMPA	· ·	Florida 33626 Zip Code ~		
		City	zip Code - '		
ew Registered Agent's Signature, if changing Regi	stered Agent:		ý		

CHARLES STEPHENS GROUP, PLLC

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
AMBR	CHARLES E STEPHENS	10608 TAVISTOCK DR	■Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			☐ Change
			□Add
			□Remove
			□Change

- THE POR	ruse is i	O REMOVE		SINCEL	19 801	IAKIO	1. 141.1	LCIAL NA	(14112		
						<u>.</u>					<del></del>
<del></del>											
		· · · · · · · · · · · · · · · · · · ·							<del></del>	·	
			_						<del></del>		<del></del>
					<del></del>	_				·-·-	
						.=					
		-									
				- <u>-</u>							
Effective date, (If an effective date Note: If the dat document's effe	e inserted ii	n this block o	does not m	cannot be p leet the ap	olicable s	of filing o	r more th	<b>(0</b> an 90 days : uirements,	<b>ptional</b> ifter tilin this dat	) g.) Pursoant e will not t	to 605.0207 ( pe listed as t
he record specifie ord is filed.	s a delayed	effective dat	e, but not	an effectiv	re time, at	: 12:01 a.:	m. on the	e earlier of	∄(b) T	he 90th da	y after the
SEPTEM Dated	BER 16			2021							
		<u>O</u> h	all	2	lo	M	<u></u>				
		Sign	ature of a n	nember or a	ufffbrized	representa	live of a 1	nember			
	RLES E ST	_	ature of a n	nember or a	ufffbrized	representa	live of a 1	nember			

Filing Fee: \$25.00