## L21 CCC 3333419

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## **COVER LETTER**

	Services LLC		
SUBJECT:	Name of Limit	ed Liability Company	<del></del>
The enclosed Articles of A	amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	Desiree Steadman		
		Name of Person	
	Steadman's Services LLC		
		Firm/Company	
	1852 S.W. St. George Stree	t	
		Address	
	Stuart,FL 34997		
		City/State and Zip Code	
	h3ydesiree@aol.com	o be used for future annual report notifi	
			eation)
For further information ec	oncerning this matter, please or	ill:	
Desiree Steadman		772 2126001	
Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
<b>≅</b> \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy radditional 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

pany as it now appears on our records. I Liability Company)	)
y were filed on July 22, 2021	and assigned
bility company here:	
oility Company," the designation "LLC"	or the abbreviation "L.L.C."
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<del>10-20</del>	
address on our records, <u>enter th</u>	ne name of the new regist
Enter Florida street address	
, Flor	ida Ziv Code
	bility company here:  bility Company," the designation "LLC" of the des

## 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 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
AMBR	Desiree Steadman	1852 S.W. St. Geroge Street	<b>∑</b> Add
		Stuat, FL 34997	□ Remove
			Change
AMBR	Chase Steadman	1852 S.W. St. Geroge Street	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Stuart, FL 34997	_	
			Change
		Remove	
			Change
		□Add	
		□ Remove	
		□Change	
		Remove	
		□Change	
			□Add
		<del></del>	□Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
,	
Note:	Tive date, if other than the date of filing: 22,202 (optional) Tective 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  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the reco cord is f	rd 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 lifed.
Dated	September 27th 2021
	Signature of a member or authorized representative of a member
	Desiree Steadman
	Typed or printed name of signee