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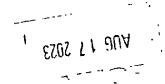
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06/21/23--01002--016 \*\*25.00 **08.17.23** 

FILED

2023 AUG 17 AM 8: 54

SECRETARY OF STATE



## ARTICLES OF AMENDMENT TO

ARTIC	CLES OF ORGA	ANIZATION	961
Steven		ig LLC	<b>是 8:5</b>
(Name of the Limited	Liability Company as it Florida Limited Liability	now appears on our records Company)	
The Articles of Organization for this Limited Lia Florida document number $\frac{L  \lambda  1000}{L  a}$ This amendment is submitted to amend the follow	bility Company were f	10/11/1	202 and assigned
	_		
A. If amending name, enter the new name of the North And Rename must be distinguishable and contain the work.	he limited liability co	mpany here:  Specialists  upun!" the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<u> </u>		
B. If amending the registered agent and/or regagent and/or the new registered office address		s on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:	Jennifer	- Alexan	der
New Registered Office Address:	33 M	F St.	
	Frostpr	, 110	rida <u>33843</u>
Nam Banistered Launt's Signature if changing Re	wistered 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.

AUG 17 2023

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>	Name	Address	Type of Action	
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		Frostproof, FL 332	343 □Remove	
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	ove date, if other than the date of filing:   Type 15+5 2023  (optional)  certive 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 605.0  If the date inverted in this block does not prest the applicable statutory filing requirements, this date will not be listed.
cti effe	ecuve date, if other than the date of filing: \(\sum \frac{\fire}{\frac{\fired{\frac{\frac}{\frac{\f{\frac{\fir\f{
<del>; ,</del>	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after ted.
ed .	June 15th 2023
	$\langle \rangle / \langle \langle \rangle \rangle = \langle \langle \rangle \rangle $

Filing Fee: \$25.00

Typed or printed name of signee