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(Requ	estor's Name)	
(Addre	ess)	
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(City/s	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Busin	ness Entity Nan	ne)
(Доси	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	





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A. BUTLER NOV 0 1 2021

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: STEPHANIE'S CONSTRUCTION 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:
STEPHANIE MOREJON Name of Person
Stephanie's Cowtruction
5004 Keith Place Orlando FL 32808
ORLANDO PL 32808 City/State and Zin Code
City/State and Zip Code Toshua JP2K3(a) acl. Com F-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stephanie MonJon at 917 526-6780 Name of Person Area Code Daytime Telephone Number
Para code payante retepnone manuel
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

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

STEPHANIE	S CONSTRUCTION LLT
(Name of the Limited Liab) (A Flori	lity Company as it now appears on our records.) da Limited Liability Company) 202 007 21 AH 7: 40
The Articles of Organization for this Limited Liability Florida document number <u>L2100045</u>	Company were filed on 6CT 18,202 land assigned 2232
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Li	mited Liability Company,,, the designation "L.C., or the abbreviation "L.L.C.,
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	ORESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register agent and/or the new registered office address here:	ed office address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida de la 11-
	Enter Florida 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>	<u>Address</u>			El :	Type of Action
MGR	Stephanie C MOREJON	5004	KeitH	Place	Onlando	DVAdd
						□Remove
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	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
(If an effecti	date, if other than the date of filing: (optional) ive 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
note: It t	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
he record spord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Stephanie C. M. Delton
	bighature of a member or authorized representative of a member
	Stephanie C MORESON Typed or printed name of signce