121000495992

(Requestor's Name)			
(Address)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
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02/06/24--01025--004 **25.00

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COVER LETTER

Division of Co.	rporations				
SUBJECT:	GERMAN STEPS LLC				
SUBJECT.	Name of Lim	nited Liability Company		-	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		Sonia Becerra			
Swyft Filings					
	Firm/Company				
3 Greenway Plaza #1320					
	Address				
	Houston, TX 77046				
		City/State and Zip Code			
		@legalcorpsolutions. to be used for future annual rep		- 53	
		•	ort notification)		
For further information of	concerning this matter, please ca	all:			
Sonia B	есегта	877	777-0450	6	
Nume o	of Person	Area Code	Daytime Telephone Nur	nber	
				10 a	
Enclosed is a check for t	he following amount:			52	
S \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certi d) Certi	0 Filing Fee, ficate of Status & fied Copy ional copy is enclosed)	

TO:

Registration Section

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

GERMAN STEPS LLC

(Name of the Limited Liability Compar (A Florida Limited L	ov as it now appears jability Company)	an our records.	
The Articles of Organization for this Limited Liability Company Florida document number L21000495992	were filed on	11/18/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company her	. c :	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the de-	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			

Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			7
B. If amending the registered agent and/or registered office a	ddress on our rec	cords, <u>enter the nam</u>	e of the new registered
agent and/or the new registered office address here:			TALL STREET
Name of New Registered Agent:			
New Registered Office Address:			: ; 5
	Enter Floria	la sireet address	
		, Florida	<u> </u>
	City		Zip Code T = N

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.

X 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	EMOKE HORVATH	400 NW 7TH AVE #14310	
		FT. LAUDERDALE, FL 33311	(X Remove
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			⊒Add
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. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)	
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	- - 53
Effective date, if other than the date of filing:	05 0207 (3 Kb)
document's effective date on the Department of State's records.	
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 accord is filed.	iter the
Dated 01.30 2624	
X Signature of a member or authorized representative of a member	
EMOVE + WLVATH Typed or printed name of signee	

Filing Fee: \$25.00