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| (Req | uestor's Name) | <u> </u> |
|---------------------------|------------------|-----------|
| (Add | ress) | |
| (Add | ress) | |
| (City, | /State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Nan | ne) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to F | iling Officer: | |
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Office Use Only



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COVER LETTER

Tallahassee, FL 32314

| TO: Registration Se Division of Cor | | | |
|--|---|---|--|
| | HEN AVE 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: | |
| | Douglas Nobels | | |
| | | Name of Person | |
| | 164 STEPHEN AVE LLC | | _ |
| | | Firm/Company | 25.55 |
| | 1673 Blossom Sound Ct | | |
| | | Address | |
| | Oviedo, FL 32765 | | ••• <u>:</u> |
| | | City/State and Zip Code | |
| | douglas.nobels@gmail.com | | · ÷ |
| | | to be used for future annual report noti | fication) |
| For further information of | concerning this matter, please c | all; | |
| Douglas Nobels | | 407 676-0741 | |
| Name o | of Person | Area Code Daytim | e 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) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addre Registration Division of C | Section | Street Address: Registration Sec Division of Cor | |
| P.O. Box 632 | | The Centre of T | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

164 STEPHEN AVE LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{12/02/2021}{1}$ and assigned Florida document number ______L21000511115 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

___, Florida ___

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 | Douglas Nobels | 1673 Blossom Sound Ct | ■Add |
| | | Oviedo. FL 32765 | □Remove |
| | | | □Change |
| AMBR | Esther Nobels | 1673 Blossom Sound Ct | = Add |
| | | Oviedo, FL 32765 | □Remove |
| | | | |
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| My intent is to have each of them fulfill both roles: AMBR | and MGR. Thank you. |
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| ctive date, if other than the date of filing: | (optional) |
| flective date is listed, the date must be specific and cannot be prior to: If the date inserted in this block does not meet the applical | |
| ment's effective date on the Department of State's records. | |
| ord specifies a delayed effective date, but not an effective tin | ma at 12:01 a.m. on the applies of the The DOM day of |
| filed. | ne, at 12.01 a.m. on the earner of. (b) The 90th day are |
| 12/13/2022 | |
| d 12/13/2022 Noleth | <u>-</u> · |
| Nolly | |
| | rived representative of a member. |

Filing Fee: \$25.00