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Y. SCOTT MAR - 1 2022

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: STEPHANIE BIESSE, 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 BISHE Name of Person
Firm/Company    1619 SanPari St St
SERVENCE DESCRIPTION Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Zi \$25.00 Filing Fee  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations

P.O. Box 6327

Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on Invaly 31, 2022 and assigned
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility 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)	SECKE TALL
Enter new mailing address, if applicable:	EB 16 PH
(Mailing address MAY BE A POST OFFICE BOX)	E. FL. 08
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name of the new registere
New Registered Office Address:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code

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>	Address	Type of Action
AMBR	SPHANE BISTER	1419 SAIPAN STSE	ŒAdd
		PARM BAY, FEELDA 32907	□Remove
		1619 SAIPAN STSE PARM BAY, FLORIDA 32907 Sphane Baca	□Change
			□Add
			Remove
		ORE IAK:	Ghlange
		SECRETARY OF STATE TALLAHASSEE, FL	Remove
			□Change
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ective date, if other than the date of filing: effective 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 605.02
e: If the date inserted in this block does not meet the applicable statutory tument's effective date on the Department of State's records.	
ford specifies a delayed effective date, but not an effective time, at 12:01 a filed.	.m. on the earlier of: (b) The 90th day after th
Sphane Suls	
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Typed or printed name of signee