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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STEIN CAPITAL MANAGEMENT LLC

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## **COVER LETTER**

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Stein	Capital Management LLC
SUBJECT:	Name of Limited Liability Company  closed Articles of Amendment and fee(s) are submitted for filing.  return all correspondence concerning this matter to the following:  Gary W. Huston  Name of Persoc  Linne & Huston, PLLC  Firm/Company  P.O. Box 12347  Address  Pensacola, FL 32591  City/State and Zip Code  gary@linnehuston.com  E-mail address: (to be used for future annual report notification)  rether information concerning this matter, please call:  Huston  Name of Person  Name of Person  Name of Person  Name of Person  Pensacola, FL 32591  City/State and Zip Code  gary@linnehuston.com  E-mail address: (to be used for future annual report notification)  rether information concerning this matter, please call:  Huston  Name of Person  Name of Person  Name of Person  Page 16000 FU to Future Flaggering  Area Code  Daytime Telephone Number
The enclosed Artic	tles of Amendment and fee(s) are submitted for filing.
Please return all co	orrespondence concerning this matter to the following:
	Address  Pensacola, FL 32591  City/State and Zip Code gary@linnehuston.com  E-mail address: (to be used for future annual report polification)  cerning this matter, please call:  378-8442  at Cartificate of Status  Certificate of Status  Certificate of Status  Street Address:  Registration Section  Division of Corporations  The Centre of Tallahassee  32314  Manne of Limited Liability Company  Name of Person  Name of Person  Name of Person  Linne & Huston, PLLC  Firm/Company  P.O. Box 12347  Address  Pensacola, FL 32591  City/State and Zip Code gary@linnehuston.com  E-mail address: (to be used for future annual report polification)  cerning this matter, please call:  Street Address:  Registration Section  Division of Corporations  The Centre of Tallahassee  2415 N. Monroe Street, Suite 810
	Name of Person
	Linne & Huston, PLLC
	Firm/Company
	P.O. Box 12347
	Address
	Pensacola, FL 32591
	•
For further inform	
Gary Huston	at (
	Name of Person Area Code Daytime Telephone Number
Enclosed is a chec	k for the following amount:
□ \$25,00 Filing	Certificate of Status Certified Copy Certificate of Status & Certificate of Status & Certified Copy
Registra Divisio P.O. Bo	n of Corporations  n of Corporations  The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H22000097440 3

Stein Capital Management LLC	<u></u>
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>L22000089713</u>	mpany were filed on March 3, 2022 and assigned
This amendment is submitted to amend the following:	•
A. If amending name, enter the new name of the limits	ed liability company here:
Stein Financial LLC	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRE	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new reg
Name of New Registered Agent:	Vá.
New Registered Office Address:	NO22
New Registered Office Address.	Enter Florida street address
	Ciry Zip Code
New Registered Agent's Signature, if changing Registered	
provisions of all statutes relative to the proper and con accept the obligations of my position as registered age	nd agree to act in this capacity. I further agree to comply w mplete performance of my duties, and I am familiar with an ent as provided for in Chapter 605, F.S. Or, if this documen I office address, I hereby confirm that the limited liability
	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 persons being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□ Change
			□Add
			□Remove
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effective	date is listed, the day	e must be specific	and cannot be pr	ior to date of fili	ng or more than 9	0 days after film	g.) Pursuant to 60	5.020
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	yary	W. A	who					
•	7	Signature	of a member or au	thorized represe	ntative of a mem	ber		
	Gary W. Huston, a							