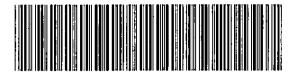
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TO:

Registration Section

Divisio	n of Cor	porations			
		nd Terrace, LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed Ar	ticles of ,	Amendment and fee(s) are sub	mitted for filing.		
Please return all	correspo	ndence concerning this matter	to the following:		
		Dana Whitney			
			Name of Person		
		The Grantham Law Firm			
			Firm/Company		
		1860 Forest Hill Blvd., Ste	2. 105		
		-	Address		
		West Palm Beach, FL 334	06		
			City/State and Zip Code		
		dana@kirkgrantham.com E-mail address: (to be used for future annual re	port notification)	
For further infor	mation co	oncerning this matter, please c			
Dana Whitney			561 966- at () Area Code	9563	
	Name of	Person	Area Code	Daytime Telepho	one Number
Enclosed is a che	eck for th	e following amount:			
■ \$25.00 Filin	g Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Address ration S		<u>Street Add</u> Registrat	Iress: ion Section	
Divisio	on of C	orporations	Division	of Corporatio	
	lox 632° assee, l	7 TL 32314		re of Tallahas Monroe Street	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

5201 NE 2nd Terrace, LLC			
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our r nited Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Com	pany were filed on 03/21/2022	and assign	ed
Florida document number 1.22000138999			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited</u>	l liability company here:		
Steven 1 Services, LLC		2	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation		
Inter new principal offices address, if applicable:		APR	٠,
Principal office address MUST BE A STREET ADDRES		20	
Frincipal office duaress BIOST BE A STREET ADDRES	<u> </u>	(1) P	
	•		
		ကြုံသည်။ ကြုံသည်။	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
 If amending the registered agent and/or registered of gent and/or the new registered office address here: 	fice address on our records, <u>e</u>	enter the name of the new r	gis
Name of New Registered Agent:		13 410 12 1	
New Registered Office Address:			
New Registered Office Address.			
New Registered Office Address.	Enter Florida street o	uddress	
New Registered Office Address.	Enter Florida street o	uddress _, Florida	

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>	Type of Action
			□Add
			Change
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cock does not me	annot be prior to et the applicat		nore than 90 days		
record specifies a delayed effective d is filed.	date, but not a	n effective tim	e, at 12:01 a.m.	on the earlier o	f: (b) The 90th	day after the
Dated April 14		2023				
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Filing Fee: \$25.00