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## **COVER LETTER**

Division of Co			
Stewart & SUBJECT:	Lindley LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Kirsten Stewart		
		Name of Person	
	Stewart & Lindley LLC		
		Firm/Company	
	3364 McCormick Woods	Drive	
		Address	
	Ocoee, FL 34761		
		City/State and Zip Code	<del></del>
	kirstenlstewy@gmail.com		
		to be used for future annual report noti-	fication)
For further information of	concerning this matter, please c	all;	
Kirsten Stewart		407 9236217 at ( )	
Name o	of Person		e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	S30.00 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 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

(Name of the Limited Liability Company as it now appears	2072 JUN 13 PM 12: 06
(A Florida Limited Lightlity Company)	on our records.)
Stewart & Lindley LLC  (Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	TALLAHASSEE, FALE
The Articles of Organization for this Limited Liability Company were filed on April	and assigned
Florida document number L22000181317	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here	<u>e</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the desi	ignation "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 recagent and/or the new registered office address here:	ords, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter Floride	a 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.

City

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	Kirsten Stewart	3364 McCormick Woods Drive	<b>≘</b> Add
		Ocoee, FL 34761	ET 2
			Change
AMBR	Michael Stewart	3364 McCormick Woods Drive	<b>≡</b> Add
		Ococe, FL 34761	□ Remove
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ffective date, if other than an effective date is listed, the date of the date inserted in this ocument's effective date on the	s block does not meet the:	e prior to date of fiting a applicable statutory (	(option more than 90 days after alling requirements, this	filing \ Pursuant to 60	5.020 ted a:
record specifies a delayed effe l is filed.	ctive date, but not an effec	ctive time, at 12:01 a.	m, on the earlier of: (b)	The 90th day afte	er the
June 8.	2022				
ated June 8.					