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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: STEPHENS IT CONSULING 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:
Daniel Stephens Name of Person
STEPHENS IT CONSULTING LLC Firm/Company
8096 SUMMER PAIM CT
TACKSONVILLE FL 3 2056 City/State and Zip Code Z Z \$\Phi 165 \text{500 Hotemanual report notification}
For further information concerning this matter, please call:
Daniel Stephens at 904 708-1165 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION



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(A Florida	Limited Liability Company)
	ompany were filed on and assigned
Torida document number <u>L220002297</u>	22
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here:
he new name must be distinguishable and contain the words "Limit	ted 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 ADDR	ESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new regis</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, 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 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
AIMBR	Daniel Steplans	3096 Summer PALM C	✓ d Add
		JACKSONVILLE, IFL	□Remove
		30256	□Change
NPIS	Danielle Stephanz	5000 Kernan BUD SOU	A DAdd
		JACKSONVILLE, FL	□Remove
		32224	□Change
			🗆 Add
			Remove
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ffective date, if other than the date of filin an effective date is listed, the date must be specific an	ig:	date of filing or more	option (option than 90 days after file	
Note: If the date inserted in this block does not locument's effective date on the Department of		le statutory filing r	equirements, this d	ate will not be listed a
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record specifies a delayed effective date, but no	ot an effective time	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
d is filed.				
Dated July 26	.2022			
		- A-A-	1	
1 / 1000		/ ///		
Supario al	member of authoriz	red representative of	a member	

P. C. 635.00