## L22000 311 058

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## **COVER LETTER**

Registration Section

TO:

Division of Cor	porations			
	ial Vision, LLC			
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Carlos Orellano			
		Name of Person	· · · · · ·	•
	ZenBusiness INC			
		Firm/Company		76
	336 E. College Ave Suite	301		2023 MAYIN
		Address		
	Tallahassee, FL 32301			
		City/State and Zip Code		· -
	fulfillment@zenbusiness.co	om to be used for future annual report no		•
For further information o	oncerning this matter, please c	·	инсаноп)	
Carlos C/O ZenBusiness, Inc.		844 493-6249 at ()		
Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for t	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Mailing Addres		Street Address:	antina	
Registration S Division of C		Registration S Division of Co		
P.O. Box 632	7	The Centre of	•	
Tallahassee, l	FL 32314	2415 N. Monr	oe Street, Suite 8	10

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

United Aerial Vision, LLC				
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)			
The Articles of Organization for this Limited Liability Cor Florida document number 1.22000.311058	mpany were filed on 2022-07-12	an	nd assig	ned
riorida document number	-•			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here:			
Stevener Industries LLC				
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the	abbreyiati	on L.L.	C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u> </u>		MA'	<u> </u>
			12	•
	·	. 1	722	
Enter new mailing address, if applicable:			<u>=:</u>	
(Mailing address MAY BE A POST OFFICE BOX)			ري دي	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the na</u>	ame of th	<u>e new i</u>	registere
Name of New Registered Agent:	·			
New Registered Office Address:				
	Enter Florida street address			
	, Florida			<u> </u>
	City	Zip (	Code	

## 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.

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
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			UGhange Land
			Change
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e: If the date inserted in the	the date of filing:  e must be specific and cannot be prior to dath is block does not meet the applicable the Department of State's records.	(o) le of filing or more than 90 days a statutory filing requirements.	otional) fler filing.) Pursuant to 605.0. this date will not be listed
cord specifies a delayed eff filed.	ective date, but not an effective time, a	at 12:01 a.m. on the earlier of:	(b) The 90th day after t
05/04 ed	2023		
ed	·		

Filing Fee: \$25.00