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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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Land,

COVER LETTER

Registration Section Division of Corporations

TO:

| Steady Sta | nte LLC | • | | | | | | | | | |
|-----------------------------|--|---|--|--|--|--|--|--|--|--|--|
| 30biret: | Name of Lim | ited Liability Company | | | | | | | | | |
| The enclosed Articles o | f Amendment and fee(s) are sub | mitted for filing. | | | | | | | | | |
| Please return all corresp | ondence concerning this matter | to the following: | | | | | | | | | |
| | Michael Lemieux | | | | | | | | | | |
| | | Name of Person | | | | | | | | | |
| | Steady State Furniture LLC | Steady State Furniture LLC | | | | | | | | | |
| | | Firm/Company | | | | | | | | | |
| | 1430 E. Comanche Ave | | | | | | | | | | |
| | • | Address | | | | | | | | | |
| | Tampa, Fl. 33604 | | | | | | | | | | |
| | | City/State and Zip Code | ······································ | | | | | | | | |
| | Mike@steadystatefurniture. | | | | | | | | | | |
| | E-mail address: (| to be used for future annual report not | itication) | | | | | | | | |
| For further information | concerning this matter, please co | all: | | | | | | | | | |
| Michael Lemieux | | 813 892-0209 at () | | | | | | | | | |
| Name | of Person | Area Code Daytin | ne Telephone Number | | | | | | | | |
| Enclosed is a check for | the following amount: | | | | | | | | | | |
| □ \$25.00 Filing Fee | \$30,00 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) | | | | | | | | |
| | Section Corporations | Street Address: Registration Se Division of Co | rporations | | | | | | | | |
| P.O. Box 63 Tallahassee, | | The Centre of T 2415 N. Monro | Callahassee be Street, Suite 810 | | | | | | | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FILED

Steady State LLC

2022 AUG - 3 PM 12:57

| (Name of the Limited Liability Comp (A Florida Limited | any as it now appear Liability Company) | rs an our records.) | STATE |
|---|--|---|-------------------------|
| | 7/1 | IALLAHASSEE | FL |
| The Articles of Organization for this Limited Liability Company | y were filed on /// | | and assigned |
| Florida document number L22000313281 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited lial | bility company ho | <u>ere</u> : | |
| Steady State Furniture LLC | | | |
| The new name must be distinguishable and contain the words "Limited Liab | ility Company," the d | designation "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) | | | |
| | <u></u> | | |
| | | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our r | ecords, <u>enter the na</u> | me of the new registere |
| agent and/or the new registered office address here. | | | |
| Name of New Registered Agent: | | | |
| Name of New Registered Agent. | | | |
| New Registered Office Address: | Enter Flor | rida street address | |
| | | P71 1 1 | |
| | City | , Florida _ | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent | · | | |
| I hereby accept the appointment as registered agent and ag | | canacity I further a | araa ta camply with the |
| provisions of all statutes relative to the proper and complete | ree to act in this (e performance of | capacity. I jurther a, I'my duties, and I am | familiar with and |
| accept the obligations of my position as registered agent as | provided for in C | Chapter 605, F.S. Oi | r, if this document is |
| being filed to merely reflect a change in the registered office company has been notified in writing of this change. | e adaress, i heret | oy conjirm that the t | тнеа навину |

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> | Address | Type of Action |
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| ffective date an effective dat | , if other t o is listed th | . han the : e date must | date of f | filing: _ c and car | nnot be p | rior to dat | e of filing | or more th | n 90 days | optional) after tiling | .) Purs | uant to | 605.020 |
| lote: If the da | ite inserted | in this blo | ock does r | not mee | t the app | olicable : | statutory | filing requ | uirements | s, this date | will r | iot be | listed a |
| ocument's eff | ective date | on the De | partment | of Stat | e's reco | rds. | | | | | | | |
| | | | | | | | | | | | | | |
| record specifi | es a delaye | d effective | date, but | t not an | effectiv | e time, a | t 12:01 a | um, on the | e earlier (| of: (b) 11 | ie 90tl | h day a | ifter th |
| | | | 10.1 | | | | | | | | | | |
| l is filed. | | 1 | <i>[</i>]].] | | | | | | | | | | |
| | רכ | // | ///// | | | | | | | | | | |
| l is filed. 8/01/20 | <u> </u> | | ///// - | | | | | | | | | | |
| 8/01/20° | <u> </u> | | | | _ | | | | | | | | |

Typed or printed name of signee