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2022 AUG 31 PM 12: 47

2022 AUG 31 PH 12: 32

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## **COVER LETTER**

O: Registration Section Division of Corporations
UBJECT: Name of Limited Liability Company
he enclosed Articles of Amendment and fee(s) are submitted for filing.
lease return all correspondence concerning this matter to the following:
Tracey Stevens Name of Person
Tracey Stovens LLC
LOS28 HOLD AVE N
St-Potissississississississississississississ
E-mail address: (to be used for future annual report notification)
for further information concerning this matter, please call:
Name of Person at (122) 458 0550  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  \$\frac{1}{2}\$\$\$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:  Registration Section  Street Address:  Registration Section
Division of Corporations P.O. Box 6327  Division of Corporations The Centre of Tallahassee
1 C THE CONTROL OF LONGINGS OF

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Tracey Stev	ens LL	.C	2022 AUG 31	PH 12: 47
The Articles of Organization for this Limited L.	(A Florida Limited Li	$\neg$	TALLAHA JOLAD	OF STATE and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liabil	ity company here	:	
The new name must be distinguishable and contain the well that the new principal offices address, if application of the new principal office address MUST BE A STREE	able:	y Company," the desi	gnation "LLC" or th	c abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>			
B. If amending the registered agent and/or r agent and/or the new registered office addre		ldress on our rec	ords, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent: New Registered Office Address:	170 CE	Sto Otto AVO Enter Florido	V L D S	
	Stret	215/04/C	, Florida	33709 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>	Address	Type of Action
MGR	Tammy Williams	2326 36th Ave N	□Add
		9+ Petersburg FL 3371	Remove
			□Change
MGR	Tracey Stevens	1828 40 HD AVO. N	XAdd
		St Potoslavg FL 33700	_ □Remove
			_ DChange
			□Add
		-	🗆 Remove
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Note: If the date is	other than the date of listed, the date must be speci inserted in this block does ive date on the Departmen	ific and cannot be prior to s not meet the applica	o date of filing or more ble statutory filing re	han 90 days after filing.) P Quirements, this date w	ursuant to 605.0207 ( ill ποτ be listed as τ
	a delayed effective date, b	ut not an effective tin	ne, at 12:01 a.m. on t	be earlier of: (b) The 9	90th day after the
e record specifies ed is filed.					
io is fried.	3/4 2022		_•		
ic is fried.	3/5 2022 Tracy (Signature	_, Stevens			

. . . . .

Filing Fee: \$25.00