L23000074310

(Reque	stor's Name)	
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PICK-UP	WAIT	MAIL
(Busine	ess Entity Name)
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(Docum	nent Number)	
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S. ROBERTS MAY 1 3 2023

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SWALL Steps LLC Name of Limited Lability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Avva Small Name of Person
Small Steps LLC Firm/Company
535 Daniels Are
Orlando, FL 32801 City/State and Zip Code
E-mail address: (to be used for fuffre annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
X \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L (A F	iability Company as i lorida Limited Liabilit	t now appea y Company)	rs on our records.)	
The Articles of Organization for this Limited Liabil Florida document number <u>L2300074310</u>		filed on	2/21/03	and assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	limited liability c	ompany h	ere:	
The new name must be distinguishable and contain the words	"Limited Liability Co	mpany," the o	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	::			
(Principal office address MUST BE A STREET A	DDRESS)			7.2
				· · · · · · · · · · · · · · · · · · ·
				,
Enter new mailing address, if applicable:				<u></u>
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>			
				<u>.</u>
B. If amending the registered agent and/or regis agent and/or the new registered office address he Name of New Registered Agent: New Registered Office Address:		C.	Small Ave rida street address	ame of the new registere
_	Ollarde) iiv	, Florida	31801 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
			□ Add
			□Remove
			□Change
		□Add	
		□Remove	
		Change	
		□Add	
			□Remove
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		□Remove	
		□Change	
		□ Remove	
		Change	
		🗆 Add	
		□Remove	
			□ Change

Page 2 of 3

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an efi <u>Note:</u>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	March 8, 2023.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee