

L23000080969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

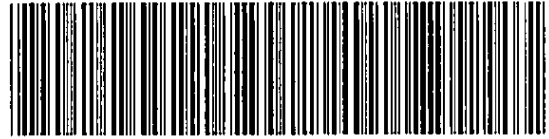
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/13/21--01009--021 **55.00

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2023 APR -3 AM 11:29
STATE
OFFICE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Steve Ilarion 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:

Steve Ilarion
Name of Person

Firm/Company

20811 NW 14th Ave
Address

Miami Gardens, FL 33169
City/State and Zip Code

svalemtino83@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Natacha Ilarion at (784) 489-3600
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
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

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2023 APR -3 AM 11:29
STATE
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Steve Ilarion LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02-14-2023 and assigned
Florida document number L230000080969.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Steve Ilarion Trust

New Registered Office Address:

20811 NW 14th Ave

Enter Florida street address

Miami Gardens

City

Florida

33169

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.

Steve Ilarion Trust, Trustee

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>	<u>Type of Action</u>
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MGR	Steve Ilarion Trust	20811 NW 14th Ave Miami Gardens, FL 33169	<input checked="" type="checkbox"/> Add
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☐ Remove

☐ Change

MGR	Ilarion Steve		<input type="checkbox"/> Add
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		20811 NW 14th Ave Miami Gardens, FL 33169	<input checked="" type="checkbox"/> Remove
--	--	--	--

☐ Change

Registered Agent	Ilarion		<input type="checkbox"/> Add
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		20811 NW 14th Ave Miami Gardens, FL 33169	<input checked="" type="checkbox"/> Remove
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☐ Change

☐ Add

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CLERK OF STATE
TALLAHASSEE, FL

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _____, _____

Steve D - Trustee

Signature of a member or authorized representative of a member

Steve Ilavich-Trustee

Typed or printed name of signee

2023 APR -3 AM 11:29
STATE
E.FL

100

Filing Fee: \$25.00