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COVER LETTER

	ation Section n of Corporations	<i>"</i> •
	ven Doyel Properties LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Ar	ticles of Amendment and fee(s) are submitted for filing.	
Please return all	correspondence concerning this matter to the following:	
	Steven Doyel	
	Name of Person	
	Fim⊮Company	
	6949 Trail Ride S	
	Address	
	Milton, FL 32570	
	City/State and Zip Code	70 B
	stevendoyel09@gmail.com	730
For further infor-	E-mail address: (to be used for future annual report notification) nation concerning this matter, please call:	EC 2
Steven Doyel	719 229-3484	2 PH
	Name of Person Area Code Daytime Telephone Number	TIZZ PH 2: 19 SECLARISSEF, FLE
Enclosed is a che	eck for the following amount:	
≡ \$25.00 Filin	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C	of Status &

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

Steven Doyel Properties 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 $\frac{03/30/2023}{1}$ _ and assigned Florida document number ______L23000159823 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 agent and/or the new registered office address here: Name of New Registered Agent: Ø New Registered Office Address: Enter Florida street address , Florida

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.

City

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	
AR Baron Necaise		810 N DE VILLIERSPENSACOLA, FL 32501	□Add	
			Remove	
			□Change	
AMBR	Steven Doyel 6949 TRAILRIDE SMILTON, FL 32570		= Add	
			□Remove	
			□Change	
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ffective date, if other than an effective date is listed, the date lote: If the date inserted in thi ocument's effective date on the	must be specific and cannot b s block does not meet the	e prior to date of filing of applicable statutory f	option (option) (opti	filing.) Pursuant to 605.0)207 (3) I as the
record specifies a delayed effe is filed.	ctive date, but not an effec	tive time, at 12:01 a.	m. on the earlier of: (b) The 90th day after	the
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	(V)LVV	مساحف الأ	(
	Signature of a member of	r authorized representa	tive of a member		

Filing Fee: \$25.00