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C/ 6/29/2023

COVER LETTER

TO:

	gistration Sec rision of Corp			
	S.Abbott Re	eal Estate, LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclose	d Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Stephanic Abbott		
			Name of Person	
		S.Abbott Real Estate, LLC		
			Firm/Company	
		1406 SE 27th St., A		r filing. lowing: me of Person m/Company Address ate and Zip Code for future annual report notification) 561
			Address	
			City/State and Zip Code	
		sabbottrealtor@icloud.com		
For further	information c			notification)
			561 402-4413	3
	Name o	f Person	Area Code Day	ytime Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	-		_	
Sabbottrealtor@icloud.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Stephanic Abbott				
Ta	illahassee, l	FL 32314	2415 N. Mo	nroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 HAY -5 AH 7: 42

S.Abbott Real Estate, 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 April 8, 2023 and assigned Florida document number L23000174825 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Stephanie Abbott, LLC 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: New Registered Office Address: Enter Florida street address

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

Title	Name	Address	Type of Action
			□Add
			□Remove
			□ Change
			□ Change
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Effective date, if of an effective date is less less less less less less less	isted, the date must be iserted in this block	ate of filing: _ e specific and can k does not meet	the applicab	date of filing or me le statutory filing	ore than 90 day:	optional) safter filing.) Purs s, this date will	suant to 605.0207 not be listed as
e record specifies a rd is filed.	delayed effective d	late, but not an	effective time	e, at 12:01 a.m. o	on the earlier	of: (b) The 901	h day after the
Dated May 1			2023				
J	tiphame Si	Abin-H					
	51	gnature of a men	nber or authoriz	ed representative	of a member		

Filing Fee: \$25.00