LZ3000/88875

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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COVER LETTER

	gistration Se ision of Cor			•
enn reer.		CONERY LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	I Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Stephanie Kingery		
			Name of Person	
		STEPHS SCON	Firm/Company	
		1171 Abeline Drive		
			Address	
		Deltona FL 32725		
			City/State and Zip Code	
		stephkingerybusiness@gma E-mail address: (to be used for future annual report not	ification)
For further in	nformation c	oncerning this matter, please co		
Stephanie K	ingery		386 624-8113	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres		<u>Street Address:</u> Registration Se	ection
	gistration (vision of C	Section Corporations	Division of Co	
P.0	D. Box 632	27	The Centre of	
Ta	Habassee 1	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STEPHS SCONERY LLC		
(<u>Name of the Limited Liab</u> (A Flor	ility Company as it now appears on our records ida Limited Liability Company)	_)
The Articles of Organization for this Limited Liability	Company were filed on 04/17/2023	and assigned
Florida document number 1.23000188875	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
STEPH KINGERY LLC		
The new name must be distinguishable and contain the words "L	imited 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 ADI	DRESS)	
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or register agent and/or the new registered office address here		the name of the new registe
Name of New Registered Agent:		
N D internal Office Address.		
New Registered Office Address:	Enter Florida street address	
	Flo	orida
	City	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
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add·
			□Remove
			□Change
			□Remove
			□Change

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(If an eft <u>Note:</u>	ive date, if other than the date of filing:
If the red (b) The	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	July 11 . 2024.
	Signature of a member or authorized representative of a member
	STEPHANIE KINGERY
	Typed or printed name of signee