L23000206333

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COVER LETTER

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ern me		sele Milfs	II's LLC				
SUBJEC			Name of Lim	ited Liability Company	<u> </u>		
The encl	osed Art	icles of Ar	nendment and fee(s) are sub	mitted for filing.			
Please re	turn all c	correspond	dence concerning this matter	to the following:			
			Stevie Taub				
				Name of Person			
			Muscle Milfs LLC				
				Firm/Company			
			16296 SE 83rd Ave				
				Address		20	
			Summerfield, FL 34491				
	City/State and Zip Code shopstevieco@gmail.com						
			E-mail address: (to be used for (uture annual report notification)	† :::	P	
For furth	ner infori	nation con	cerning this matter, please ca	all:	1 25	PH 4: 08	
Stevie T	aub			706 587-6375	rri	ြင်	
		Name of P	erson	Area Code Daytime Telephone Nu	imber		
Enclosed	l is a che	ck for the	following amount:				
□ \$25.	.00 Filinį	g Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee tificate of Sta tified Copy itional copy is ea	itus &	
	Regist Division P.O. B	Address: ration Sc on of Cor ox 6327 assee, Ft	rporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Su Tallahassee, FL 32303	ite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Muscle Milfs 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 $\underline{04/26/2023}$ Florida document number 1.23000206333 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Stevie & Co. LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" of the abbreviation "LLC." 16296 SE 83rd Ave Enter new principal offices address, if applicable: Summerfield, FL 34491 (Principal office address MUST BE A STREET ADDRESS) Same as above 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 , Florida 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 amendir	ng Authorized Person(s) authorized to not the desired to the desired of the desir	nanage, <u>enter the title, name</u>	e, and address of each person being added
MGR = A	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	does not meet the applica	o date of filing or more than ble statutory filing requi	(optional) 90 days after filing.) Pur rements, this date will	suant to 605.0207 (3) not be listed as the
he record specifies a delayed effective da ord is filed.	ate, but not an effective tin	ne, at 12:01 a.m. on the c	earlier of: (b) The 90	th day after the
Dated September 17	2024			
Dated	,	<u>-</u> ·	ļ	
Stevie Taub				
Stevie Taub	mature of a member or autho	rized representative of a me	mber	
Stevie Taub	nature of a member or autho	rized representative of a me	mber	

Filing Fee: \$25.00