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Florida Department of State
Division of Corporations
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October 31, 2024

FLORIDA DEPARTMENT OF STATE

Division of Corporations

STEVENS BROTHERS PRO SERVICES LLC
6715 BLVD OF CHAMPIONS
NORTH LAUDERDALE, FL 33068

SUBJECT: STEVENS BROTHERS PRO SERVICES LLC
REF: L23000207341

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Tammi Cline
Regulatory Specialist II Supervisor

FAX Aud. #: H24000345016
Letter Number: 824A00024048

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STEVENS BROTHERS PRO SERVICES 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:

ULISES, MIGUEL A
Name of Person

STEVENS BROTHERS PRO SERVICES LLC
Firm/Company

6715 BLVD OF CHAMPIONS
Address

NORTH LAUDERDALE, FL 33068
City/State and Zip Code

ulisesm024@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ULISES, MIGUEL A at (954) 260-3107
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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)

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

STEVENS BROTHERS PRO SERVICES 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 04/26/2023 and assigned Florida document number L23000207341.

This amendment is submitted to amend the following:

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

STEVEN BROTHERS INTERIORS 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: _____

N/A

(Principal office address MUST BE A STREET ADDRESS)

N/A

N/A

Enter new mailing address, if applicable: _____

N/A

(Mailing address MAY BE A POST OFFICE BOX)

N/A

N/A

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: _____

N/A

New Registered Office Address: _____

N/A

Enter Florida street address

N/A

_____, Florida N/A

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

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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>
N/A	N/A	N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 OCTOBER 31 2024

Ulises Miguel A

Signature of a member or authorized representative of a member

ULISES, MIGUEL A

Typed or printed name of signee

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