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To:

Division of Corporations

Page: 1 of 6

Fax Number : (850)617-6383

From:

Account Name : ACCOUNTING MAX SERVICES INC

Account Number : I20220000162 Phone : (954)724-1114 Fax Number : (954)252-4124

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

Email Address: ULISES M 024@ G MAIL. COM Email Address: ULISES MOZY@GM41L. COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STEVENS BROTHERS PRO SERVICES LLC

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October 31, 2024

To: Division of Corporations

FLORIDA DEPARTMENT OF STATE

STEVENS BROTHERS PRO SERVICES LLC
6715 PLVD OF CHARLES 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.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

FAX Aud. #: H24000345016 Tammi Cline

Regulatory Specialist II Supervisor Letter Number: 824A00024048

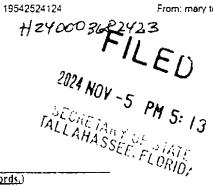
To: Division of Corporations

19542524124 From: # 24*000 368* 2Y2.3

COVER LETTER

	Registration Solivision of Col					
CLIBITY	STEVENS	STEVENS BROTHERS PRO SERVICES LLC Name of Limited Liability Company				
SUBJEC	1;	Name of Lim	ited Liability Company	and the second s		
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
		ondence concerning this matter	_			
		ULISES, MIGUEL A				
		•	Name of Person			
		STEVENS BROTHERS P	RO SERVICES LLC			
			Firm/Company			
		6715 BLVD OF CHAMPI	ONS			
			Address			
		NORTH LAUDERDALE, FL 33068				
		City/State and Zip Code				
		ulisesm024@gmail.com	to be used for future annual report nouti	ication)		
For furthe	er information (concerning this matter, please o	·	(Carlott)		
	MIGUEL A	·	954 260-3107			
	Name (of Person		Telephone Number		
Enclosed	is a check for t	he following amount:				
□ \$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
]	Mailing Addre Registration Division of C P.O. Box 63: Fallahassec,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	porations allahassee : Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



STEVENS BROTHERS PRO SERVICES LLC

Page: 4 of 6

(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 L	iability Company	were filed on 04/26	5/2023 	and assigned
Florida document number L23000207341	,			
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company her	<u>e</u> :	
STEVEN BROTHERS INTERIORS LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	ility Compuny," the des	ignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)		N/A		
		N/A		
Enter new mailing address, if applicable:		N/A		
(Muiling address MAY BE A POST OFFICE	ROY)	N/A		
Graning universe MAT DE ATOST OFFICE	<u>1007/</u>	N/A		
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:				
New Registered Office Address:	N/A			
Trow Rogistered Office Federald.	···		la street address	
	N/A		, Florida 🏻	√/A
		City		Zıp Code
New Registered Agent's Signature, if changing	Registered Agent	<u>:</u>		
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as registered office	e performance of n provided for in Ch	ny duties, and I an napter 605. F.S. O	n familiar with and r, if this document is
	It Cha	nging Registered Agei	nt, Signature of New 1	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

Page: 5 of 6

<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A	N/A	N/A	Cand
			200
			El Change
N/A	N/A	N/A	GiCtiange of St.
		 ·	UAGE TO SEE
			□Remove
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N/A	N/A	N/A	□Add
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			□Remove
N/A	N/A	N/A	□Add
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Page, 6 of 6

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Effect	ive date, if other than the date of filing: (optional)
I an cl	fective 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, If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	ment's effective date on the Department of State's records.
e r e co rd is f	rd 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
1 d 12 f	ict.
Dated	OCTOBER 31 2024
Date	
	Vi sis Moin
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00