LZ3000327158

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COVER LETTER

TO: Registration Section Division of Corpora		4	•		.
SUBJECT:B	Stewart G Name of Lim	OUD LI	_ C	<u> </u>	
The enclosed Articles of Ame	endment and fee(s) are sub-	mitted for filing.			
Please return all corresponde	nce concerning this matter	to the following:			
	B	Shell Name of Po	erson He	wart	
	BStew	art Gr	oup L	LC-	
	3001 S	hortleaf	AVE	Pake	and PK
<u>.</u>	DOSLOEHe_Stew E-mail address:	City/State and 2	Zip Code	<u></u>	3311
For further information conc					
Bobbelle Name of Pe	Stewart	at (<u>3 0</u> Arca (5) <u>87</u>	B-310 lytime Telepho	`
Enclosed is a check for the fo	ollowing amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Fil Certified (additional			\$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

COVER LETTER

TO:				
SUBJE	CT:	BStewart-	Realty LLC	
		Name of Limite	d Liability Company	
The en	closed Articles of Arr	endment and fee(s) are subm	itted for filing.	
Please	return all corresponde	ence concerning this matter to	the following:	
Division of Corporations SUBJECT: BStewart Realty U.C. 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: Bobbette Stewart Name of Person Firm/Company 300 Shortleof AVC Address Oatland Pork EL 33311 City/State and Zip Code bobbette Stewart Cholman Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Bobbette Stewart Robert R				
			Firm/Company	. <u></u>
			Address	
		Oakland Pour	K EL 33311 City/State and Zip Code	
	-	hobbette_Ster E-mail address: (10	be used for future annual report notifica	o mation)
For fur	ther information conc	eerning this matter, please cal	l:	
_P	Name of Po	Stewo-t	at (<u>305</u>) <u>8 78 - 3</u> Area Code Daytime T	Stol elephone Number
Enclos	gd is a check for the f	following amount:		
00/52	5.00 Filing Fee		Certified Copy	Certificate of Status &
	Registration Sec		Registration Secti	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000327158</u> .	were filed on $\frac{7}{11/23}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abb	previatio L.L.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		5 325
	2001 Shortha F	AVE 21
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	Cakland PK FL	33311
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name	e of the new registere
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u> </u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	e performance of my duties, and I am fo	amiliar with and

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
			Петоче
			□ Add
			□Remove
			□Change
		□Add	
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Effective date, if other than fan effective date is listed, the date Note: If the date inserted in thi document's effective date on the	must be specific an is block does not i	d cannot be prior to meet the applicat			ling.) Pursuant to 60	
e record specifies a delayed efferd is filed.	ective date, but no	t an effective tim	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after	er the
Dated July 14		. 2023	<u>.</u> ·			
	$ \mathcal{D}$	<u> </u>				
	Signature of a	member or authori	ized representative of	a member		

Filing Fee: \$25.00