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CORPORATE ACCESS, ____

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

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	CERTIFIED COPY	
XX	РНОТОСОРУ	
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XX	FILING	LLC AMEND
1.	STEPHPROLOCK LLC	
	(CORPORATE NAME AND DOC	CUMENT #)
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	(CORPORATE NAME AND DOC	UMENT#)
SPECIAI INSTRUG	CTIONS:	

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Steph POLOCKS 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:
Jean W. Azor
THE STATE OF THE S
Firm/Company
5411 SW 38th St.
Address
West PARK, 12. 3303
Stephon OKCOO Commail. Com E-mil address: (to be used for future annual report, not fication)
For further information concerning this matter, please call:
JEAN W. AZOR 1,991, 868-3456
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25,00 Filing Fee Solution Signature Solution So

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2023 OCT 19 AM 8:57 ed 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 $oldsymbol{\mathcal{F}}$ and assigned Florida document number 1230 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: Florida

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>	Name	Address	Type of Action
<u>MY2</u>	Jean W. Azor	5411 SW 38451. WEST FARK, FC. 330	Add
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Filing Fee: \$25.00