L23000 493 628

	(Requestor's Name)	
	(Address)	
	(Áddress)	
	(City/State/Zip/Phone #)	
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_	(Document Number)	
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Stewasts Home imprement 11C	
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:	
Alvin Stewert Name of Person	
Stewarts Home Improvment 116	
10818 NATALIE Orive E	
City/State and Zip Code	
For further information concerning this matter, please call:	
Name of Person at (904) 537-0327	•
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Stewasts to (Name of the Limited Link	ome I un over	event (C
(A Flor	ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L23000</u> 40	Company were filed on 10	2/30/202 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here	:
The new name must be distinguishable and contain the words "L	imited Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	7. Page 1
		37 75
		1
Enter new mailing address, if applicable:		.: 2
(Mailing address MAY BE A POST OFFICE BOX)	-	
intering united Mill BE AT OUT OF THE BOA	- -	
•		<u> </u>
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our reco	ords, enter the name of the new registered
Name of New Registered Agent:	Ivin Stewo	rt-
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 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
MOR	Alvin Stewar	10818 NatALIER(E 32218 Jachs	E _ □Add
		E 32218 Jacks	Remove
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ctive date, if other than the date of filing: Effective date is listed, the date must be specific and cannot be prior to date of file. If the date inserted in this block does not meet the applicable statut ment's effective date on the Department of State's records.	(optional) filing or more than 90 days after filing.) Pursuant to 605 tory filing requirements, this date will not be list
ord specifies a delayed effective date, but not an effective time, at 12: filed.	:01 a.m. on the earlier of: (b) The 90th day afte
ed Nov 2, 2023, Signature of a member or authorized repre	53

Filing Fee: \$25.00