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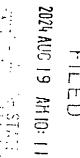
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## **COVER LETTER**

Division of Corporations
SUBJECT: Home STEP HUB, LC
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:
Jule Dusz
Table of Ferson
Home Step Hub, uc
1510 BROKEN Oak DR.
Winter Garden F1 34787 City/State and Zip Code
Julie @ Smartstepproperty. Com.  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Julie Dus 2 at (407) 427 - 457/ Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Status Solution Status Status Solution Status Status Status Solution Status Statu

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

F/L	ED
2024 AUG 19	AM 10: 12

	OF	*** 12
(Name of the Limited Li (A Fi	ability Company as it now appears on our	records.)
The Articles of Organization for this Limited Liabili Florida document number		19/24 and assigned
This amendment is submitted to amend the following	g:	
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 designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u> </u>	
(Principal office address MUST BE A STREET Al	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	Q	
B. If amending the registered agent and/or regist agent and/or the new registered office address he		, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
	, 10. 100 of the	
<del>-</del>	City	, Florida 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 Type of Action **Address** Title <u>Name</u> MER Nigel ORME 1510 BRUKEN DAK DR. DAdd Winter Gorden, F13478 TREMOVE \_\_\_\_\_ Change \_\_\_\_\_ □ Remove \_\_\_\_\_ □Change \_ 🗀 Add \_\_\_\_\_ □Remove □ Change □Remove \_\_\_\_\_ □Add \_\_\_\_\_ Change \_\_\_\_\_ \\_\_ \\_Add \_\_\_\_\_ □Remove

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