

| (Requestor's Name) |
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| |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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07/13/24--01024--014 **25.00

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Steek Lion 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: |
| Daviel Divico Name of Person |
| Steel Lion LY Firm/Company |
| 7449 Jazero Pl |
| Melbourne, FL 32940 City/State and Zip Code |
| E-mail address: to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Person |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\sum \text{\$\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\sum \text{\$\$\$\$ \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limits | Lion ed Liability Compa | Iny as it now appears on | our records.) | |
|--|----------------------------|---------------------------|---------------------------------|------------------|
| The of the sound | (A Florida Limited l | Liability Company) | , | |
| The Articles of Organization for this Limited Lis Florida document number <u>L24000</u> | | were filed on 61 | 27/24a | ind assigned |
| This amendment is submitted to amend the follo | owing: | | | |
| A. If amending name, <u>enter the new name of</u> | the limited liab | ility company here: | | |
| The new name must be distinguishable and contain the wo | ords "Limited Liabi | lity Company," the design | nation "LLC" or the abbrevia | tion "L.L.C." |
| Enter new principal offices address, if applica | able: | | <u>-</u> | |
| (Principal office address MUST BE A STREE | T ADDRESS) | | | |
| | | | | <u> </u> |
| Enter new mailing address, if applicable: | | | | · |
| (Mailing address MAY BE A POST OFFICE I | <u>80X)</u> | | | |
| | | | | |
| B. If amending the registered agent and/or reagent and/or the new registered office addres | • | address on our recor | rds, <u>enter the name of t</u> | he new registere |
| Name of New Registered Agent: | | | ***** | |
| New Registered Office Address: | | 2 22 - 1 | | |
| | | Enter Florida s | | |
| | | City | Florida |) Code |
| | | - 1.0r | ~, | |

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> | <u>Name</u> | Address | Type of Action |
|--------------|--------------|--|----------------|
| 2MBR | John Schultz | 1156 Herne Ave. NE Palm Bay, FL 32907 | X AAd |
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| n effective date is listed te: If the date inser | er than the date of filing: |
| cord specifies a del s filed. | ayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| ed 7/15 | Signature of a member or authorized representative of a member |
| | Denial Division |

. . . .

Filing Fee: \$25.00