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(Re	equestor's Name)	
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FILED

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Steve y 5 League 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:
rease return an correspondence concerning this matter to the following.
Steve Pierre - Louis Name of Person
Stevey's League LL C
13572 Goodrich Ave
Port Charlotte, FL, 33953
5 tevers league Qqma, 1. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Steve Pierre - Louis at (941) 276-3445 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Section Secti
Mailing Address: Street Address: Projection Section

Registration Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 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 Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000463202</u>	y were filed on 10/31/2024 and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lial	bility company here:				
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L.L.C" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)	SECUL TO VIOLET TO THE CONTRACT TO THE CONTRAC				
Enter new mailing address, if applicable:	25 PH HASSE				
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered				
Name of New Registered Agent:					
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 being filed to merely reflect a change in the registered office company has been notified in writing of this change.	provided for in Chapter 605, F.S. Or, if this document is				

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
MGR	Steve Pierre - Louis	13572 Goodnich Ave Port Charlotte, FL 33953	i X Add
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ecord is file		delayed eff	fective date.	but not an ef	ffective time, a	. 12:01 a.m. or	the earlier of: (b)	The 90th day aff	er the
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			Signati	ure of a membe	er or authorized	representative o	f a member		

Filing Fee: \$25.00