# · UIOOOOASSA

(F	Requestor's	Name)	
(/	Address)		<del></del>
(/	Address)		<u>-</u>
(0	City/State/Zi	p/Phone #)	
PICK-UP	□w	/AIT	MAIL
(I	Business Er	ntity Name)	
(I	Document N	lumber)	
Certified Copies	Ce	rtificates of	Status
Special Instructions	to Filing Offi	icer:	
•			
l			

Office Use Only



000237665040

07/26/12--01008--015 \*\*25.00

SECRETARY OF STATE TALLAHASSEE, FLORID.

D. BRUCE
JUL 27 2012
EXAMINER

# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Stacklimited 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:	
Fergal Stack Name of Person	
Name of Person	
Stacklinited Firm/Company	
1500 Hubbard Ct	J2.
Kissimmee FL 34 City/State and Zip Code	APPR FIL JUL 26 CRETARY LAHASSI
Fstack estack limited E-mail address: (to be used for future annual report	APPROVED FILED FILED LAND AND FILED FILED HASSEE, FI ORID Inotification
For further information concerning this matter, please call:	7 2 2 4 0 4 1
Tergal Stach at 917, 680 Name of Person Area Code & D	0-2518
Name of Person Area Code & D	ayume lelephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee S25.00 Filin	S60.00 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stacklimited	LC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L11000012587</u>	were filed on $\frac{1/27/2311}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1500 HUBBARD CT
(Principal office address MUST BE A STREET ADDRESS)	KissimmeE
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	FLORIDA 3474 AND FILED FILED FILED
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address: 1500	HV BBARD CT Enter Florida street address
Kiss	HVBBARD CT Enter Florida street address  i MMEE, Florida 34747  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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Title **Type of Action** Name Address Remove Remove \_\_ Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 7/15, 2017.

Fed Stock

Signature of a member or authorized representative of a member FERGAL STACK
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

APPROVE