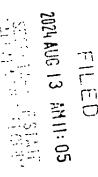
## L13000120184

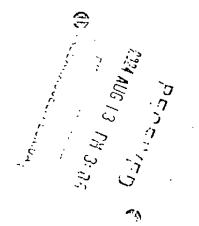
(F	Requestor's Name)	
( <i>p</i>	Address)	
	Address)	
(6	Dity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fi	iling Officer:	
	J. HO AUG 1	PRNE
	AU6 1	4 2024

Office Use Only



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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Stingray Trading LLC	
Please Debit FCA000000003 For: 25	
Thank you Seth Neeley	
1-4-1	
- Hely	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
Signature /	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name of the state	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

STINGRAY TRADING LLC

(Name of the Limited Liability Company as it now appears on our records) .

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on  $\frac{08/26/2013}{1}$ and assigned Florida document number L13000120684 This amendment is submitted to amend the following: 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 designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

\_\_, Florida \_\_

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>	<u>Address</u>	Type of Action
VP	ROBERT EUGENE HAMMER JR	1895 IXORA ROAD	■Add
		NORTH MIAMI, FL 33181	□Remove
			□Change
			□Add
		·	□Change
			□ Add
			Remove
			□Change
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an effe ote:	ve date, if other than the date of filing:
record Lis file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
atod	August 9, 2024
	walid amroush
aicu _	
ateu _	Signature of a member or authorized representative of a member

Filing Fee: \$25.00