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TALLAHASSEE FLORIDA

COVER LETTER

Division of Cor		1		
SUBJECT:	THE STI	MIX DIFFEREN	CE, LLC	
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing		
•		Ĺ		
Please return all correspo	ndence concerning this matter	to the following:		
	Ku	LT STALK		
		Name of Person		
	7#8		erence	
		Firm/Company		
	141	194 AUE Address	North	
		Address		
	LAKE		33461	
		City/State and Zip Code	,	
	D mail addrage (to be used for future annual report n		
			ouncation)	
For further information c	oncerning this matter, please ca	ill:		
KNIT	STALK		P-291	
Name o	f Person	Area Gode Dayt	ime Telephone Number	
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	ING ADDRESS:		RIER ADDRESS:	
Registration Section			Registration Section	
Division of Corporations P.O. Box 6327		Qlifton Building	Division of Corporations Glifton Building	
Tallaha	ssee, FL 32314	2661 Executive	Center Circle	
		Tallahassee, FL	J4JVI	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Li	DIFFERENCE, UC
The Articles of Organization for this Limited Liability Company v. Florida document number 17000 237048.	1. 1. 4-1
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ty company here:
The new name must be distinguishable and contain the words "Limited Liability".	- AS
Enter new principal offices address, if applicable:	B CEC
(Principal office address MUST BE A STREET ADDRESS)	AN HATTA
Enter new mailing address, if applicable:	PHI:
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address here:	ce address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	enformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending or removed	Authorized Person(s) authorized to ma from our records:	anage, <u>enter the</u>	title, name, and address of each	person being added
MGR = M AMBR = A	anager uthorized Member			
<u>Title</u>	Name	Address		Type of Action
nge.	KURT STARK	1604	19th Ave Worth Lanth, F1.33401	X Add
		Lake	Lanth, F7.33401	□ Remove
		_		☐ Change
<u> </u>				
				□ Remove
			· · · · · · · · · · · · · · · · · · ·	Change
				□ Add
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				Change
				□ Add
				□ Remove
				Change
	***			□ Add
				_□ Remove
				Change

D. If amending any other information, enter change(s) here:	Attach additional sheets, if necessary.)
	
	
	SECT TALL
	JAN STAR
· 	PA CONTROL ON THE CON
·	13. 03.0E. C
E. Effective date, if other than the date of filing:	(optional)
(If an effective date is listed, the date must be specific and cannot be prior to da Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	
If the record specifies a delayed effective date, but not ar (b) The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier of:
Dated	representative of a member
KURT STAR	K .
Typed or printed nar	rhe of signee

Page 3 of 3

Filing Fee: \$25.00