

218000144284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

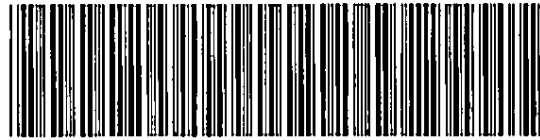
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000319844530

10/23/18--01027--007 **25.00

19 OCT 23 PM 10:04

© SIMMONS
NOV 07 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STICKTECH INNOVATIONS, 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:

Jonathan Ocampo
Name of Person

StickTech Innovations, LLC
Firm/Company

904 NW 190th Ave
Address

Pembroke Pines, FL 33029
City/State and Zip Code

StickTechinnovations@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Ocampo at (954) 802-0663
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

STICKTECH INNOVATIONS, 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 JUNE 11, 2018 and assigned Florida document number L18000144284.

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 "L.L.C."

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

_____, Florida _____
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 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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Eric Mendez	8505 SW 116 th ST	<input type="checkbox"/> Add
		Miami, FL 33156 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jonathan Ocampo	904 NW 180 th Ave	<input type="checkbox"/> Add
		Pembroke Pines, FL 33029	<input checked="" type="checkbox"/> Remove
		US	<input type="checkbox"/> Change
AMBR	Steven Ocampo	904 NW 180 th Ave,	<input type="checkbox"/> Add
		Pembroke Pines, FL 33029	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Eric J. Mendez	8505 SW 116 th ST	<input checked="" type="checkbox"/> Add
		Miami, FL 33156 US	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jonathan A. Ocampo	904 NW 180 th Ave	<input checked="" type="checkbox"/> Add
		Pembroke Pines, FL 33029	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The basis for Amendment is to: remove
Steven M. Ocampo as Authorized Member; and
② change Eric J. Mendez & Jonathan A. Ocampo
from Authorized Members to ~~Authorized~~ Managers.

(change company from Member - Managed to
manager - Managed LLC.)

E. Effective date, if other than the date of filing: _____ (optional)

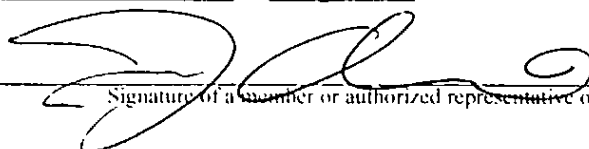
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated October 17 . 2018 .



Signature of a member or authorized representative of a member

Jonathan Ocampo

Typed or printed name of signee