

220000008268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

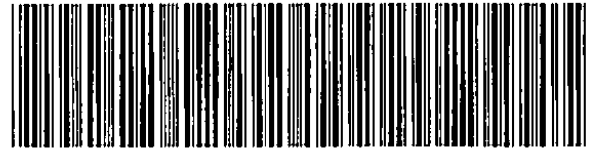
(Business Entity Name)

(Document Number)

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Amend/cc
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MAY 12 2020
JALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STAKZ GOODS DISTRIBUTION

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:

NAASHON DUCILLE

Name of Person

STAKZ GOODS DISTRIBUTION

Firm/Company

2090 WAVERLY AVE

Address

PALM BAY, FL 32909

City/State and Zip Code

STAKZGOODS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NAASHON DUCILLE

954

693-6245

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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**

STAKZ GOODS DISTRIBUTION 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 01/01/2020 and assigned
Florida document number L20000008268.

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:

4648-A NW 133RD STREET

(Principal office address MUST BE A STREET ADDRESS)

OPA LOCKA, FL 33054

Enter new mailing address, if applicable:

14900 SW 30TH STREET

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 278482

MIRAMAR FL 33027

B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here:

Name of New Registered Agent:

NAASHON DUCILLE

New Registered Office Address:

2090 WAVERLY AVENUE SE

Enter Florida street address

PALM BAY

City

Florida 32909

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.


Naashon Ducille
If Changing Registered Agent, Signature of New Registered Agent

[illegible]

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

PLEASE MAKE SURE IN THE ADDRESS CHANGE TO PUT UNIT "A"

4648-A NW 133RD STREET, OPA LOCKA, FL 33054

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

MAY 5, 2020



Signature of a member or authorized representative of a member

Naashon Duville

Typed or printed name of signer

Filing Fee: \$25.00