## L20000122398

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9/18/2025

## **COVER LETTER**

TO: Registration Section

**Division of Corporations** 

Tallahassee, FL 32314

. HOOKED	ON AUTOMATIONS LLC	LLC	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ASHLEY PALMER		
		Name of Limited Liability Company  fee(s) are submitted for filing.  Ing this matter to the following:  ALMER  Name of Person  Firm/Company  E ROAD 7. SUITE 104-170  Address  ON FL 33414  City/State and Zip Code  YSTEMS@GMAIL.COM  -mail address: (to be used for future annual report notification)  atter, please call:  at (	
		Firm/Company	
	125 S STATE ROAD 7, S	UITE 104-170	
	WELLINGTON FL 33414		
	SPACIOUSSYSTEMS@G		
			tification)
For further information of	concerning this matter, please co	all:	
ASHLEY PALMER			
Name (	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
<u>Mailing Addre</u> Registration			ection
Division of C	Corporations	Division of Co	orporations
P.O. Box 633	27	The Centre of	Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2025 AUG - 1 PM 12: 50 HOOKED ON AUTOMATIONS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) SECILLIA DI STATE TALLAHASSEE FL and assigned Florida document number 1.20000122398 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: STORIES FOR PROFIT LLC 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 \_\_. Florida \_\_\_ City

## 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 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>	Address	Type of Action
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block does not meet the	applicable statute	ory filing requireme	ents, this date will not	be listed as
Department of State's re	cords.			
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2025				
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Signature of a member of	r authorized repre	sentative of a membe	г	_ <del>_</del>
1	he date of filing:	he date of filing:  T/22/2025  The date of filing:  The date of filing:	he date of filing:  must be specific and cannot be prior to date of filing or more than 90 delayed block does not meet the applicable statutory filing requirement. Department of State's records.  tive date, but not an effective time, at 12:01 a.m. on the earliest applicable.	he date of filing:    T/22/2025