

L21000359777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

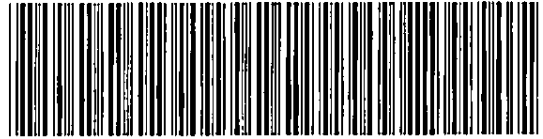
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
CLERK

Amend

JAN 25 2024

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

SACKO CONSULTING 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:

MARK SACKS

Name of Person

SACKO CONSULTING

Firm/Company

101 East Camino Real TS-01

Address

BOLTA RATOR FL 33432

City/State and Zip Code

SACKOCONSULTING @ GMAIL.COM

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

For further information concerning this matter, please call:

MARK SACKS

Name of Person

at

561

Area Code

926 3006

Daytime Telephone Number

2024 JAN -8 PM 3:29

FILED

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 22, 2023

MARK SACKS
SACKO CONSULTING
101 EAST CAMINO REAL TS-01
BOCA RATON, FL 33432

SUBJECT: SACKO CONSULTING , LLC.
Ref. Number: L21000359777

We have received your document for SACKO CONSULTING , LLC. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You are missing the first page of the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Operations Manager A

Letter Number: 923A00029220

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

STACKO Consulting 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 Aug 10 2021 and assigned Florida document number L21000359777

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

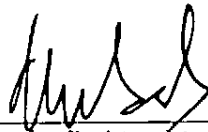
Florida

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>
AMGR ^{MJ}	MARK SACKS ^{MS}	101 East Camino Real	<input checked="" type="checkbox"/> Add ^{MS}
		TSOI Boca Raton FL	<input type="checkbox"/> Remove ^{MS}
		33432	<input type="checkbox"/> Change ^{MS}
MGR	Stone SACKS	101 East Camino Real	<input checked="" type="checkbox"/> Add
		TSOI Boca Raton FL	<input type="checkbox"/> Remove
		33432	<input type="checkbox"/> Change
MGR	Sett SACKS	101 East Camino Real	<input checked="" type="checkbox"/> Add
		TSOI Boca Raton FL	<input type="checkbox"/> Remove
		33432	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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(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.

Dated Jan 1, 2024

[Signature]
Signature of a member or authorized representative of a member

MARK SACKS
Typed or printed name of signee