L21000407861

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SECRETARY OF STATE

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Rocket Rar SUBJECT:	nch Designs, LLC	•			
SUBJECT,	Name of Lim	ited 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:			
	Jonathan Jacobs				
		Name of Person			
	Rocket Ranch Designs, Ll	.c			
		Firm/Company			
	920 Galleon St.				
		Address			
	Cocoa, FL 32927				
		City/State and Zip Code			
	jonathan.jacobs@live.com				
		to be used for future annual report noti	(fication)		
For further information c	oncerning this matter, please c	all:			
Jonathan Jacobs		850 694-2101 at ()			
Name o	f Person	Area Code Daytim	ne Telephone Number		
Enclosed is a check for the	he 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		Street Address:	ation		
Registration Section Division of Corporations		Registration Se Division of Co			
P.O. Box 6327			The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Rocket Ranch Designs, LLC

2022 APR 15 AM 10: 13

(Name of the Limited Liability Company as it now appears on our ALGALIARY OF STATE The Articles of Organization for this Limited Liability Company were filed on 09/15/2021 Florida document number 1.21000407861 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Stag Logics LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" 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

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.

City

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>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
		···	
			□Remove
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ective date, if other than the effective date is listed, the date in this learnent's effective date on the factorial control of the factorial date on the factorial date on the factorial date.	ust be specific and cannot be p block does not meet the app	rior to date of filing or mo plicable statutory filing	(optional) re than 90 days after filing.) Pe requirements, this date wii	irsuant to 605.020 Il not be listed ε
cord specifies a delayed effect s filed.	ve date, but not an effectiv	re time, at 12:01 a.m. o	n the earlier of: (b) The 9	0th day after the
ed April 13th	2022			
La La La		·		
		authorized representative of		

Filing Fee: \$25.00