121000445543

(Re	questor's Name)	
(Ad	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phon	e #)
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T. MATTHEWS NOV 2 9 2021

COVER LETTER

Division of Co			
SUBJECT:	Stokes Indus	tries LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
		Logan Stokes	
		Firm/Company	
	528	Sand Wedge Loop Address	· · · · · · · · · · · · · · · · · · ·
	Apop	Oka / FLorida / 32713 City/State and Zip Code	2
	Ogan E-mail address: (1	Stokes 4433 @gmail.	Sopis
For further information	concerning this matter, please ca	all:	
Logan	Stokes of Person	at (407) 415 - 2 Area Code Daytime To	250
Name	e of Person	Area Code Payume o	etephone (vanioe)
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)
<u>Mailing Addr</u> Registration		<u>Street Address:</u> Registration Section	
	Corporations	Division of Corpo	rations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

Stokes Indust	ries 121 6: 12 PM 3: 27 Iny as it now appears on our records.)
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2</u> 1000445543	were filed on $\frac{11/8/21}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity 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 register
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 = Ma $AMBR = Au$	anager uthorized Member	· Pii 3: 27	
<u>Title</u>	Name	Address 21 HOV 12 PN 3: 27	Type of Action
AMBR	Logan Stokes	528 Sand Wedge Loop	XÍAdd
			□Remove
			□Change
	<u> </u>		□ Add
			□Remove
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in effe o <u>te:</u> l	re date, if other than the date of filing:
ecord is file	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 ed.
ited_	11/8/21 9:00 AM
	Signature of a member or authorized representative of a member
	Logan Stokes
	Typed or printed name of signee

EU E 635.04