KZ1000472599

(Rec	questor's Name)	
(Add	dress)	
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PICK-UP	WAIT	MAIL
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(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filling Officer:	
	* ** .	

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00 to 02 COUNTY

COVER LETTER

TO: Registration S Division of Co		
STAKKIT	LLC	
SUBJECT:	Name of Lin	rited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.
	ondence concerning this matter	·
	Travis Mueller	Name of Person PEC
		Name of Person
	N/A	613
		Finn/Company
	6106 Kestrelpark Drive	ڊي
		Address
	Lithia, Florida 33547	
		City/State and Zip Code
	trav@humidoutside.com	
	E-mail address: ((to be used for future annual report notification)
For further information of	concerning this matter, please c	all:
Zachary Kamish, CPA		813 560-1832 at ()
Name (of Person	Area Code Daytime Telephone Number
Enclosed is a check for t	the following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & □ \$60,00 Filing Fee. Certified Copy (additional copy is enclosed) □ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O	Section	Street Address: Registration Section Division of Corporations
P.O. Box 633		The Centre of Tallahassee
Tallahassee.		2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STAKKIT LLC			
(Name of the Lim	ited Liability Co (A Florida Limi	mpany as it now appears on our ted Liability Company)	records.)
ne Articles of Organization for this Limited I	•	any were filed on $\frac{11/01/2021}{1}$	and assigned
orida document number L21000472599	·		
is amendment is submitted to amend the fol	lowing:		
If amending name, enter the new name	of the limited	liability company here:	
A			
e new name must be distinguishable and contain the	words "Limited I.	iability Company," the designation	n "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	N/A	
rincipal office address MUST BE A STRE	<u>ET ADDRESS</u>	2	
			2
nter new mailing address, if applicable:		N/A	- 13 - 1
(Mailing address MAY BE A POST OFFICE BOX)	· ROY)		No.
audicoo Mari 122/11 (A)1 (A111CL	<u>. 1907. ty</u>		
			· .
If amending the registered agent and/or	registered offi	ice address on our records,	enter the name of the new regist
ent and/or the new registered office addre	ess here:		0
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida stree	t 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

Title	<u>Name</u>	Address	Type of Action
MGR	Laura Mueller	6106 Kestrelpark Drive	
		Lithia, Florida 33547	<u></u> □ Remove
			IChange
			□Add
			□Remove
			☐ Change
			E DAdd
			Remove
			Change
			□ Add
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			□Remove

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te: If the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records.	le statutory filing requirements, this date will not be listed:
· · · · · · · · · · · · · · · · · · ·	
ecord specifies a delayed effective date, but not an effective time	e at 12:01 a m, on the earlier of: (b). The 90th day after th
is filed.	the 12.57 a.m. of the same of (o) The 500 any and the
DECEMBER 07 2022	
	•
Supplier of a manhagas authors	zed representative of a member

Filing Fee: \$25.00