## 121000 474448

| (Requestor's Name)                      |
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| (Address)                               |
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| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
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|   |
| Special Instructions to Filing Officer: |
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Office Use Only

A. RIVERS JAN 0 5 2022



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## **COVER LETTER**

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TO:

Registration Section Division of Corporations

| SURJECT:                          | STONICK SERVICES                             | LLC   |  |  |
|-----------------------------------|--|---|--|--|
|                                   | Name of Lin                                  | nited Liability Company   |  |  |
| The analoged Articles             | of Amendment and fee(s) are sub              | amitted for filing  |  |  |
| The enerosed Atticles             | or Amendment and rec(s) are sur              | inace of mag.   |  |  |
| Please return all corre           | spondence concerning this matter             | to the following:   |  |  |
|                                   | <i>)</i> -                                   | MIGUEL LAM WONG   |  |  |
|                                   |  | Name of Person  |  |  |
|                                   | 570  | NICK SERVICES LLC   |  |  |
|                                   |  | Firm/Company  | <del>_</del>   |  |
|                                   |  |   |  |  |
|                                   | lbbq Nestl                                   | EWOOD TRAIL Address   | <del></del>  |  |
|                                   |  | ,                             |  |  |
|                                   | OPLANDO,                                     | FWRIDA 3283+ City/State and Zip Code                                | <del></del>  |  |
|                                   |  | •   |  |  |
|                                   | stonick - x                                  | Privices @yahoo.com   | · · · · · · · · · · · · · · · · · · ·  |  |
|                                   |  |   | inothication)  |  |
| For further informatio            | n concerning this matter, please c           | all:  |  |  |
| MIGUEL                            | LAM WONG                                     | m 407 , 96  | 8 4325.  |  |
| Nam                               | LAM WONG<br>e of Person                      | Area Code Da  | sytime Telephone Number  |  |
|                                   |  |   |  |  |
| ,                                 | r 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 tadditional copy is enclosed) |  |
| <u>Mailing Add</u><br>Registratio |  | <u>Street Addres</u><br>Registration                                |  |  |
|                                   | Corporations                                 | Division of Corporations  |  |  |
| P.O. Box 6<br>Tallahasser         | 327<br>c. FL 32314                           | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810          |  |  |
| rananassee                        | Jayti  | Tallahassee   |  |  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| STONICK SERVI  | CES LLC.   |
|--|--|
| (Name of the Limited Liability Compa<br>(A Florida Limited   | ny as it now appears on our records.)<br>Liability Company)        |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L21000474448</u> .  This amendment is submitted to amend the following: | were filed on NOVEMBER, OZ, 2021 and assigned                      |
| <u> </u>   | ara a sa                          |
| A. If amending name, enter the new name of the limited liab  | mty company nere:  |
| The new name must be distinguishable and contain the words "Limited Liabit   | lity Company," the designation "LLC" or the abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:  | 7901 474 N. STE 300  |
| (Principal office address MUST BE A STREET ADDRESS)  | ST. PETERSBURG, FLORIDA 33702                                      |
|  |  |
| Enter new mailing address, if applicable:  | 7901 4TH N., STE 4000  |
| (Mailing address MAY BE A POST OFFICE BOX)   | 7901 4TH N, STE 4000<br>ST. PETERSBURG, FLORIDA 33+02.             |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:                 | iddress on our records, <u>enter the name of the new registere</u> |
| New Registered Office Address:   | Enter Florida street address                                       |
|  | , Florida  |
|  |  |
|  | City Zip Code  |

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 |
|--------------|-----------------|------------------------|----------------|
| MGR          | MIGUEL LAM WONG | 1669 NESTLEWOOD TAAIL  | <b>≾</b> i∧dd  |
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| ANOTH        | ER SSUE:             | EIN (              | EMPLOYER LOE           | MITIFICATION NO                       | nber) Does           | NOT_  |
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|              |                      | APPEAR             | ON THE SUN             | 1812.025 WEBS                         | sire, I susmin       | TED EIN   |
|              |                      | ON THE             | SAME DAY               | I CLEATED L                           | LC AND               | IRS EIN.  |
|              |                      | PLEASE             | ADD EIN                | TO MY LL                              | С.                   | <del>-</del>  |
| EIN          | : 87-3               | 3348307            | -                      |                                       |                      |   |
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| ctive dat    | e, if other tha      | n tha data of      | Glings                 |                                       | tantia               | I\  |
| effective da | te is listed, the da | ite must be specif | ie and cannot be prior |                                       |                      | n <b>ar)</b><br>iling.) Pursuant to 605.0;<br>date will not be listed |
|              |                      |                    | t of State's records.  |                                       | requirements, this   | date will not be fisted   |
| ord snecif   | les a delayed of     | Tective date by    | it not an effective ti | me at 12:01 a.m. or                   | ethe earlier of: (b) | The 90th day after the  |
| filed.       |                      |                    | n novan cricenic n     |                                       | the children on (b)  | The Add day after the   |
| a De         | ECEMBER              | 6                  |                        |                                       |                      |   |
| ·            | <u> </u>             | <del></del>        |                        | -:<br>1 11A                           |                      |   |
|              |                      | Signature          |                        | Type lighter Sonzed representative of | a member             |   |
|              |                      |                    |                        |                                       |                      |   |