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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:ST	ash Holdings Name or Limit	ited Liability Company	
	Amendment and fee(s) are sub-	-	
		A. Stash Name of Person	
	Stash_ 1780 Hzmm	Holdings LLC Firm/Company OCK Dr Address	
		FL 32034 City/State and Zip Code Our home your de be used for future annual report notifi	
For further information co	oncerning this matter, please ca	·	caro u
Julie A. Name of	Stash Person		7473 Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	S30.00 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)
Mailina Addres	ç,	Street Address:	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stash Holo	lings 116. 22 11 -3 11 18:00
(<u>Name of the Limited Liab</u> i (入 Flori	lity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L21000519394</u>	Company were filed on <u>Dec 9 2021</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Li	mited 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 ADD	RESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register agent and/or the new registered office address here	ed office address on our records, <u>enter the name of the new registere</u>
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 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>	Address	Type of Action
AMBR	Julie A. Stash	1780 Hammock Dr. Fernandine Fe	<u>-</u> ⊠Add
		<u></u>	□Remove
			□Change
			□Add
			□Remove
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`an effi <u>{ote:</u>	we date, if other than the date of filing: Dec 27, 200 (optional) retive 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
record l is til	I 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.
	December 27. 2021.
ated	
ated _.	Signature of a member or authorized representative of a member

ET C35.07