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STIRTE	Rabbit LLC				
SUBJEX		Name of 1 in	ated Liability Company		
The encl	losed Articles of	Amendment and feets) are sub	omitted for filling.		
Please re	eturn all correspo	indence concerning this matter	to the following:		
		Fabrizio Lengua			
			Name of Person		
		ZenBusiness INC.			
		· · · · · · · · · · · · · · · · · · ·	Lirm Company		
	5511 Parkerest Dr. Suite 103				
			Address		
		Austin, TX 78731			
		fultillment@zenbasiness.cc	City State and Zip Code		
		I -mail address. (to be used for future annual report notific	ration)	
For furth	ner information c	oncerning this matter, please c	all:		
Fabrizio) Lengua		512 237-7349		
	Name o	í Person	at ()	l'elephone Number	
Enclose	d is a check for th	ne following amount:			
≅ \$2 5	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional corvision closed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy (senclosed)	
	Mailing Addres		Street Address:		
	Registration S		Registration Sect	ion	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 FILED

2022 MAR 16 AM 6:50

(Name of the Limited Liability Company as it now appears on the Ferords:) Y OF STATE
(A Florida Limited Liability Company) TALLAHASSES 51

	いったいいはつうただ。とし		
The Articles of Organization for this Limited Liability Company were	tiled on 2022 01-21	and assigned	
Florida document number 1.22000040364			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability co	ompany here:		
The new name must be distinguishable and contain the words "I imited I iability Cor	npany." the designation "LLC" o	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			
Entar was mailing address if anoticable.			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
Training damess MAT BE A FOST OFFICE BOXY			
			
B. If amending the registered agent and/or registered office address	ss on our records, <u>enter th</u>	e name of the new registe	
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	F1	1.4.	
	, Flori	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Roderick McDonald	.4492 cobblefield Cir w Jacksonville , FL 32224	≅ Add
			□Remove
		·	□Change
AMBR	Christopher MeHan	522 clipper ship in Atlantic beach , FL 32233	= Add
			□Remove
			□Add
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te: If the date inserted in th	the date of filing:	licable statutory filir		ing.) Pursuant to 605.020
record specifies a dela he 90th day after the	eyed effective date, but record is filed.	not an effective	ime, at 12:01 a.ı	n. on the earlier o
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	/s/ Willian	n Hazen Cod	V	
	Signature of a member or ac	aliarizad ranca minera	at a mambar	

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Filing Fee: \$25.00