

h22000253615

(Requestor's Name)

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(Address)

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(Business Entity Name)

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07/29/22 10:00:00 44.00

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CLERK OF COURT  
JUL 29 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Stakt, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William S. Haddock IV  
Name of Person

Stakt, LLC  
Firm/Company

617 Copeland Dr.  
Address

Haines City, FL 33844  
City/State and Zip Code

staktflorida@gmail.com  
E-mail address: (to be used for future annual report notification)

2022 JUL 29 AM 8:03  
STAKT, LLC  
617 COPELAND DR  
HAINES CITY, FL 33844

For further information concerning this matter, please call:

William S. Haddock IV at ( 714 ) 331-5552  
Name of Person Area Code Daytime Telephone Number

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)

**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**

Stakt, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 6/2/2022 and assigned Florida document number L22000253615.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability 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)**

2022	Jun	29	AM	8:03
[Signature]				

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered 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 = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	William S. Haddock IV	617 Copeland Dr.	<input checked="" type="checkbox"/> Add
		Haines City, FL 33844	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CITY OF TAMPA  
CLERK OF THE CITY COMMISSION  
OFFICE OF THE CLERK  
1000 N. GULF BLVD., SUITE 1000  
TAMPA, FL 33601  
TEL: 813.251.2300  
FAX: 813.251.2301  
WWW.CITYOFTAMPA.ORG

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of C. W. 42 M.  
FALLAWAY 1109157

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U.S. DISTRICT COURT  
FALL RIVER, MASSACHUSETTS

(If an effective 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated July 25, 2022

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

William S. Haddock IV

Typed or printed name of signee