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SECRETARY OF STATE
TALLAHASSEE, FL

TO MONICA 7/14/22

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT:	Stealth Intern	iational, LLC	
AUDJEA/15	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Jeannie Joseph	
		Name of Person	
		DiSalvo & Associates	
Firm/Company			
		1760 N Jog Rd. #150	
		Address	
		West Palm Beach, FL 33411	
		City/State and Zip Code	
		Jjoseph@d-acpa.com	
		to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Jeannie Joseph		561 659-1177	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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 Addres Registration S		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Cor	
P.O. Boy 632	•	The Centre of T	•

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stealth Interna	itional, LLC				
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appeared Liability Company)	ars on <u>our rec</u> o	ord <u>s.</u>)		
The Articles of Organization for this Limited Liability Comp	any were filed on	June 22, 202	22	and assig	ned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	liability company h	<u>iere</u> :			
The new name must be distinguishable and contain the words "Limited L	iability Company," the	designation "L	LC" or the ab	breviation "L.L.	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS	s)			S	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our	records, ent	er the nam	TALLAHASSEE, FL	122 AUG -2 PH 12: 20th
Name of New Registered Agent:	DFS A	Agent, LLC			
New Registered Office Address:		og Rd. #150			
	Enter Flo	orida street addi	ress		
	West Palm Beach		Florida	33411	
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Torben Nielsen	6704 Garden Ave	≡ Add
		West Palm Beach, FL 33405	[]Remove
			[] Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			[]Remove
			ClChange
			🗆 Add
			□Remove
			[] Change
			🗆 Add
			ElRemove
			FlChanan

Tamending any other informa	ation, enter change(s) here: (Attach additional sheets, if necessary.)	
		· -
		
		_ _
		
		
Effective date, if other than the If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the I	e date of filing:	nt to 605.0207 t be listed as
e record specifies a delayed effection of the specifies and specifies and specifies are record to the specifies and specifies and specifies are record to the specifies are record to th	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th of	day after the
July 14 Dated	2022	
Jaico	Monica Charles	
	Signature of a member or authorized representative of a member	
	Monica Chaves	
	Typed or printed name of signee	

Filing Fee: \$25.00