L23000	040320
(Requestor's Name) (Address) (Address)	900412486849
(City/State/Zip/Phone #)	07/21/2301011007 **60.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer.	1213 Sul 21 PH 1:47
Office Use Only	
	67/21/23

TO: Registration Section Division of Corporations

Stacie Stitches Creative Studio LLC
SUBJECT: _____

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:

Stacie M. Clark Name of Person Firm/Company 10316 Copperwood Drive Address New Port Richey, FL 34654 City/State and Zip Code stacie.c.stitches@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 326-1891 813 Stacie Clark at (_ Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: S60.00 Filing Fee. □ \$55.00 Filing Fee & □ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: **Registration Section Registration Section Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stacie Stitches Creative Studio 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 Com	pany were filed on $\frac{1/31/2023}{1/31/2023}$	_ and assigned
1 220000 40320		

Florida document number L23000040320

This amendment is submitted to amend the following:

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

Thread the Needle Stitchery LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(Mailing address MAY RE A POST OFFICE BOX)

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here:

Name of New Registered Agent:	<u></u>	
New Registered Office Address:	Enter Florida street d	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 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. 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, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
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			🗆 Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets. if necessary.)

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tive date, if other	than the date of f	08/28/2023		option) (option) (opt	L)

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	August 26	2023		
		Starie m. Cark.		
	<u> </u>	Signature of a member or authorized representative of a member		
	Stacie M. Clark			
	Typed or printed name of signor			

Filing Fee: \$25.00