## L230004444562

(Requestor's Name)
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PICK-UP WAIT MAIL
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**JAN 08** S. PRATHER

## **COVER LETTER**

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Stoic Spirit SUBJECT:			
	Name of Lim	ited Liability Company	
The mulaced Activiar of	Amandaran and fastes accords	mittad for Olina	
	Amendment and fee(s) are sub		
riease return an correspo	ondence concerning this matter	to the following:	
	Keith Hamby		
		Name of Person	······································
	Stoic Spirit		
		Firm Company	
	439 sandy key		
	•	Address	
	Melbourne Beach, florida,	32951	
		City/State and Zip Code	
	keith.hamby@stoicspirit.us E-mail address: (	to be used for future annual report notificate	ion)
For further information c	oncerning this matter, please c	·	
Keith Hamby		321 205-3762	
Name c	of Person	Area Code Daytime Te	lephone Number
Enclosed is a check for ti	ha fallawing amount:		
	-	☐ \$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		Street Address: Registration Section	141
Registration Section Division of Corporations		Division of Corporations	
P.O. Box 632		The Centre of Talls	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 BEC - 2 1 H 5

Stoic Spirit 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 Compar	ny were filed on <u>9/25/2023</u>	and assigned
Florida document number 1.23000444562		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ibility 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)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		· •
	Enter Florida street addres	3.8
-	Fl	lorida
	City	Ігр Соде

## 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	Garrett Kirk	1303 Darley Ct Bel Air, MD 21015	Ādd
			[]Remove
			□Remove
		<u> </u>	□Change
		<del></del>	
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			Change

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Tective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90	(optional)
ote: If the date inserted in this block does not meet the applicable statutory filing requiren	nents, this date will not be listed a
ocument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl	lier of: (b) The 90th day after the
is filed.	
11/17/12/02/1	14 14 15
11:17 17:11 17:2	· ·
nted 11/17/2024	_
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Signature of a member of authorized representative of a memb	, 1

Filing Fee: \$25.00