

L23000444562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

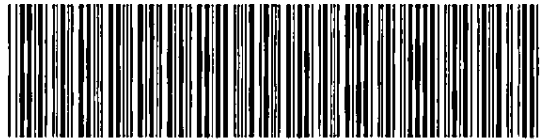
(Business Entity Name)

(Document Number)

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JAN 08 2025

JAN 08
S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stoic Spirit 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:

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 notification)

For further information concerning this matter, please call:

Keith Hamby

321
at ()

205-3762

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

2024 DEC -2 11 5:10
MAIL ROOM
and assigned

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

Florida document number E23000444562

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

Enter new principal offices address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

Figure 1: Experimental setup. A participant is seated at a table, viewing a screen. The screen displays a horizontal line with a vertical line intersecting it. The vertical line is labeled 'Vertical line' and the horizontal line is labeled 'Horizontal line'. The participant is looking at the intersection point. The diagram is labeled 'Figure 1' and 'Experimental setup'.

Category	18-24	25-34	35-44	45-54	55-64	65+
Total	15%	25%	20%	20%	15%	5%
Male	15%	25%	20%	20%	15%	5%
Female	15%	25%	20%	20%	15%	5%
Male	15%	25%	20%	20%	15%	5%
Female	15%	25%	20%	20%	15%	5%

_____, Florida _____
City Zip Code

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

[illegible]

[illegible]

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.

Dated 11/17/2024

Kurt Hardy
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00