## L74000066538

(Re	equestor's Name)	
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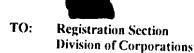


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2024 APR TO AM 8: 09 SECRETARY OF STATE

## **COVER LETTER**



SUBJECT: StS Investment Partnership, 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:

Dylan Stone Name of Person	_	
Sts Investment Partnership		
P.O BOX 520790	SECRETA SECRETA	
Longwood PL 32752	ASS CHA	
City/State and Zip Code  Oylonstone 923 @ 9 Mail Com E-mail address: (to be used for future annual report notification)	THE STATE OF	e: 09

For further information concerning this matter, please call:

Dylan Stone at (386) 624-8912

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

The Articles of Organization for this Limited Liability Company were filed on 215 | 24 and assigned
Florida document number \( \sum \frac{124000066538}{124000066538} \)
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 "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 BE A POST OFFICE BOX)

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:

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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>	Type of Action
AR	Dylan Stone	1454 Digarmo ter	ClivAda
		Deltong Fl 32725	Remove
			□Change
			□Add
			□ Remove
			□Change
			□ Add
		SECRETI TALLA	Remove  AP 17
·		TALLAHASSEE, FL	O
			□Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
We are making an amendment to all
Dylan Stone as an Authorized representative.
Me will Dr. a ser
We want Bryan Swoape and Dylan Stone
as ItR's We need Dylan Stone and
Bryan Swoape to have the same level of ownership of the company.
level of ownership of the company.
TO TO THE CONTRACT
Thank you
THOUNT YOU
N <sub>1</sub>
Hry questions or concurs Please
Call 386-624-8912
5EC 24
m 9
E. Effective date, if other than the date of filing: (optional)  (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.
document s effective date on the 13cpartment 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 415124.
Supathre of a member or authorized representative of a member
DVIAN SIMP
Typed or printed name of signee