L24000077523

	questor's Name)	
(Re	questors marrie)	
	, ,	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
·	·	
Certified Copies	Certificates	of Status
	_	
	· · · · · · · · · · · · · · · · · · ·	
Special Instructions to	Filing Officer:	

Office Use Only



800424625178

02/29/24--01009--018 **25,00



COVER LETTER

TO:

Registration Section

Division of Corp	oorations			
SUBJECT: 5+	oke Me	•		
	Name of Lim	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	9	Name of Person	<i>‡</i>	
		Name of Person		
	S	toke Media Firm/Company	/	
		Firm/Company	1024 SEC	
	1.5		SECREMAN OF STATION TALLY ASSEE, FL	
		. Max oos	Prof Y of Y se	
	Miami, FL	33 2 Q City/State and Zip Code	- Es	فسدة
		City/State and Zip Code	PIE P	
	Employed	StokefL. CON	(A)	
	elliot@s	to be used for future annual report notifitoke F1. COM	catton)	
For further information co	ncerning this matter, please co	all:	. —	
E//107		at (8/4) 330	j - 15/2 Telephone Number	
Name of	reison	Alea Code Daytime	reteptione Number	
Enclosed is a check for th	c following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,	
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address		Street Address:		
Registration S		Registration Sec Division of Corp		
Division of Co P.O. Box 632	-	The Centre of T		
Tallahassee, F			Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stoke	? Media Ll	<u> </u>
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our recited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L 24000775</u> 2	any were filed on $\frac{02/1}{3}$	3/24 and assigned
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 LE nter new principal offices address, if applicable:	Liability Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, it 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 offi		TALLAHASSEE, TLE O4 ter the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
	,	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 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 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
<u>MGR</u>	Elliot Nathaniel	Mast 1150 NW 72nd Ave. Tower 1 Ste 455 #14995	□Add
		Migmi, FL 33124	□Remove
		 	lA Change
		 	🗆 Add
			□Remove
			□Change
			□Add
		<u></u>	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			🗆 Add
			□ Remove
			□Change

* NAME CHANGE - Fligh	Nathaniel	Mast	
* CHANGE TITLE FROM	n AMBR	to MGR	
•			
			2024 FEB SECRUT
			29 29
			PH 1: 04
			हम्।
		·	
tive date, if other than the date of filing: _ ffective date is listed, the date must be specific and ca If the date inserted in this block does not mee ment's effective date on the Department of Stat	t the applicable sta		
rd specifies a delayed effective date, but not an	effective time, at 1	12:01 a.m. on the ea	urlier of: (b) The 90th day
iled.			
- · · · · · · · · · · · · · · · · · · ·	/		
iled. 1 02/27/2029	pher or authorized re	presentative of a men	nber