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## **COVER LETTER**

Registration Section

TO:

Division of Cor	porations		
STLSRB, I	LC.		
SUBJECT:	Name of Lim	ited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sarah Svoboda		
	Name of Person		
	STLSRB, LLC		
		Firm/Company	
	46 Mussett Bayon Dt.		
		Address	
	Santa Rosa Beach, FL 324	59	
	Santa Rosa Beach, FL 32459  City/State and Zip Code  beez8484@gmail.com  E-mail address: (to be used for future annual report notification)  further information concerning this matter, please call:		
	<del>-</del> -	to be used for future annual report not	itication
For further information c			Art actory
Susan Von Hoene	· ·	850 622-4038	
	f Person		ne Telephone Number
Name ()	r r Cison	Aca Code 12ayun	ic reignione retinion
Enclosed is a check for the	ne 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 5 Division of C P.O. Box 632 Tallahassee, 1	Section orporations 7	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STESKB, LLC		
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Particles of Organization for this Date Particles of Organization for the Organization for this Date Particles of Organization for this Date Particles of Organization for the Organization for this Date Particles of Organization for the Organization		31, 2024 and assigned
This amendment is submitted to amend the fol		
A. If amending name, enter the new name	of the limited liability company her	<u>e</u> :
he new name must be distinguishable and contain the	words "Limited Liability Company," the des	agnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	7.2 7.2 7.2
		-
Inter new mailing address, if applicable:		17 1
Mailing address MAY BE A POST OFFICE	EROX)	:23
	<del></del>	
<ol> <li>If amending the registered agent and/or gent and/or the new registered office address.</li> </ol>		cords, <u>enter the name of the new regist</u> e
Name of New Registered Agent:	Sarah Svoboda	
New Registered Office Address:	46 Mussett Bayon Ct.	
	Enter Florid	la street uddress
	Santa Rosa Beach	Florida <u>32459</u>
	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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Sara Svoboda	46 Musset Bayou Ct.	
		Santa Rosa Beach, FL 32459	■Remove
			□Change
MGRM	Sarah Svoboda	46 Musset Bayon Ct.	≘Add
		Santa Rosa Beach, FL 32459	□Remove
			□Change
	<del></del>		
			□Remove
			☐ Change
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Signature of a member or authorized representative of a member	ated	$\frac{\cdot 2}{2}$	
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