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2024 SEP 24 PM 1: 10 SECRETARY OF STATE

## **COVER LETTER**

TO:

Registration Section

orations		
zed member		
Name of Lim	ited Liability Company	
amendment and fee(s) are sub	mitted for filing.	
dence concerning this matter	to the following:	
Abigail McDonald		
<del> </del>	Name of Person	
STOKD DESIGNS, LLC		
	Firm/Company	
514 Lighthouse Dr.		
	Address	
North Palm Beach, FL 334	408	
	City/State and Zip Code	
	to be used for future annual report not	ification)
	814 409-8680	
Person	at () Area Code Daytin	ne Telephone Number
_		
S30.00 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)
	Street Address:	
	Registration Se Division of Co	
L 32314	The Centre of 2415 N. Monro	Fallahassee be Street, Suite 810
	Name of Lim  Name of Lim  Amendment and fee(s) are subsidence concerning this matter  Abigail McDonald  STOKD DESIGNS, LLC  514 Lighthouse Dr.  North Palm Beach, FL 334  stokddesigns@gmail.com  E-mail address: (  ncerning this matter, please concerning this matter than the please concerning	Name of Limited Liability Company  Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:  Abigail McDonald  Name of Person  STOKD DESIGNS, LLC:  Firm/Company  514 Lighthouse Dr.  Address  North Palm Beach, FL 33408  City/State and Zip Code stokddesigns@gmail.com  E-mail address: (to be used for future annual report not neerning this matter, please call:  Area Code  Person  Area Code  Daytin  Following amount:  S30.00 Filing Fee & Certified Copy (additional copy is enclosed)  Street Address: Registration Section  Area Code  Street Address: Registration Section  Person  Registration Section  Person  Comporations  Comporations  Comporations  Comporations  Comporations  Division of Comporations  Comporations  Comporations  Comporations  Comporations  Comporations  Composition of Comporations  Comporations  Comporations  Composition of Comporations  Composition of Composition of Comporations  Composition of Composi

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STOKD DESIGNS, LLC				
(Name of the Limited Liab) (A Flori	ility Company as it now appears on da Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Florida document number L24000323081	Company were filed on 7/22/24	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lir	mited liability company here:			
The new name must be distinguishable and contain the words "Li	imited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	<del></del> ,			
(Principal office address MUST BE A STREET ADD	ORESS)			
Enter new mailing address, if applicable:	<del></del>			
Mailing address MAY BE A POST OFFICE BOX)				
		. <u> </u>		
B. If amending the registered agent and/or register agent and/or the new registered office address here:		ds, <u>enter the name of the new registe</u>		
Name of New Registered Agent:				
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·			
	Enter Florida street address			
		, 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Abigail McDonald	514 Lighthouse Dr.	■Add
		North Palm Beach, FL 33408	□ Remove
			□Change
<del>.</del>			□Add
			□Remove
			□Change
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