# L24000354233

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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STATE AND SEESTATE



### **COVER LETTER**

TO: Registration So Division of Cor			
	STITES 115 LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Zachary Stites		
		Name of Person	
		Firm/Company	
	506 9th Ave S		
		Address	
	Jacksonville Beach, Florida	a 32250	
	zacstites@gmail.com	City/State and Zip Code	
For further information of	E-mail address: ( concerning this matter, please ex	to be used for future annual report notifull:	lication)
Zachary Stites		407 7619689	
Name (	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration	Section	Street Address: Registration Sec	
Division of C P.O. Box 632		Division of Cor The Centre of T	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ation "L.L.C."	
423 6th Ave N	
Jacksonville Beach FL 32250	
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the new regis	
<del></del>	

#### New Registered Agent's Signature, if changing Registered Agent:

CONTROL OTHER DISTILL

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, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager
AMBR =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			🗆 Add
			Remove
			□Change
		<del></del>	□Remove
			□Change
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			□Remove

## Page 2 of 3

	<del></del>
ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 olote:  If the date inserted in this block does not meet the applicable statutory filing requirem ocument's effective date on the Department of State's records.	_ <b>(optional)</b> days after filing.) Pursuant to 605.02 ents, this date will not be listed
e record specifies a delayed effective date, but not an effective time, at 1 The 90th day after the record is filed.	2:01 a.m. on the earlier
December 18 2024	
ated	
31) (1)	
Signature of a member or authorized representative of a member	ı

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