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COVER LETTER

TO:

Registration Section
Division of Corporations

STOCK A	I NEWS LLC		
SOBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Daniel Pozensky		
		Name of Person	
	Stock AI News LLC		
		Firm/Company	
	2050 ALTA MEADOWS	LN 2102	
		Address	
	DELRAY BEACH, FL 33	444	
		City/State and Zip Code	· <u> </u>
	danpo12345@gmail.com		
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Daniel Pozensky		561 729-8084 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	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)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 17	Street Address: Registration Se Division of Coa The Centre of 7 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

STOCK AI NEWS LLC

2024 DEC 17 PM 4: 20

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) MULLER STATE TALLAHASSEE, FLORIDA and assigned Florida document number L24000433237 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: Enter Florida street address _, Florida ___

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

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>		Address	Type of Action
MGR BEKOFF, ALEC I.		21946 B ARRIBA REAL	□Add
		BOCA RATON, FL 33433	Remove
			□Change
			□ Add
			□Remove
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record specifies a delayed ef d is filed.	fective date, bu	it not an effe	ctive time,	at 12:01 a.m	. on the earlie	er of: (b)	The 90tl	h day af	ter the
Pated 12/10			· •						
		Davis	u f	Brena	re of a member				
		•	-		,				
	Signature	of a member	or authorize	d representativ	re of a member				