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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081

Phone : (307)200-2803

Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN REISTACKS LLC

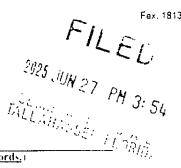
Certificate of Status	0
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Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



REIstacks LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa	av vege 61l on 04/17/25	and actional
	ny were then on	and assigned
Florida document number L25000184604		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
DocJacket LLC		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designa-	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable;		
(Principal office address MUST BE A STREET ADDRESS)		
		NW 14-1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our record	s, enter the name of the new register
agent and or the new registered write address ners.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet address
	Ciry	, Florida Zip Code
	₹ V	

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.

Jun 27 2025 10:15 Tp. ÷18506176383 Page 3/4 Fax 18134365206

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>	Name	Address	Type of Action
			□Add
			□Remove □Change □Remove □Remove
			Made 3
			□ Remove
			☐Change
			⊑Remove
			DChange
			①Add
			□Remove
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Jun 27, 2025 10.15 To +18506176383 Page 4/4 Fax 18134365206 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) KILED ST. ST. E. Effectiv (If an effe Note: docume If the record record is file Dated _

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he date inserted in this bl	date of filing:(optional) st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to ock does not meet the applicable statutory filing requirements, this date will not be epartment of State's records.	605,9207 (3)(b) listed as the
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