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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
Constitution to Silve Office
Special Instructions to Filing Officer:

Office Use Only



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## **COVER LETTER**

TO: Registration S Division of Co					
ento urzer.	PATH Y	ACHTS, LLC			
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles o	f Amendment and fee(s) are subt	mitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
	ERIC L. JACKWIN, ESQ.				
	JACKWIN LEGAL, P.A.	Name of Person			
	423 SE 19th Street	Firm/Company			
	Fort Landerdale, FL 33316	Address			
	ejackwin@jackwinlegal.con				
		to be used for future annual report notif	ication)	SECTOR NOV	es yes
For further information Bjanka Haywood	concerning this matter, please ca	all: 754 、フワフ-	-1779	-6	COLUMN TO THE PARTY OF THE PART
Name	of Person	Area Code Daytime	Telephone Number	PH 4: 02	
Enclosed is a check for	the following amount:			Li (O	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &	

Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Mailing Address:
Registration Section
Division of Corporations

P.O. Box 6327

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	<del></del>
-	(A Florida Limited Liability Company)	
ne Articles of Organization for this Limited Lorida document number	Liability Company were filed on	and assigned
is amendment is submitted to amend the fol	lowing:	
. If amending name, enter the new name o	of the limited liability company here:	
e new name must be distinguishable and contain the	words "Limited Liability Company." the designation "LLC" o	or the abbreviation "L.L.C."
iter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
nter new mailing address, if applicable: <u>Aailing address MAY BE A POST OFFICE</u>	E BOX)	
If amending the registered agent and/or ent and/or the new registered office address.	registered office address on our records, <u>enter th</u> ess here:	
Name of New Registered Agent:	JACKWIN LEGAL, P.A.	2023 NOV -
New Registered Office Address:	423 SE 19th Street  Enter Florida street address	52 9 1 60 9 F
	Fort Lauderdale . Flori	333160 =
	City	Zip ( Z

## 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, 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
AMBR	BJANKA HAYWOOD	401 SW 4th Ave., #1607 Fort Lauderdale, FL 33315	<b>■</b> Add
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ective date, if other than the da	te of filing:		(optiona	b	
reffective date is listed, the date must be	specific and cannot be prior t		n 90 days after filir	ig.) Pursuant to 605	
te: If the date inserted in this block cument's effective date on the Department.		inie statutory ming requ	irements, this da	te will not be list	ed as
ecord specifies a delayed effective d	ate, but not an effective tir	ne, at 12:01 a.m. on the	earlier of: (b)	Fhe 90th day afte	r the
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November 3rd	2023				
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