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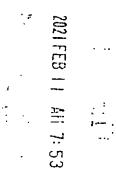
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COVER LETTER

TO:

TO: Registration Division of C			
Expression	ons, LLC	,	•
SUBJECT:	Name of Lim	ited Liability Company	 .
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Megan Karzen		
		Name of Person	
	Guardian Law		
		Firm/Company	
	770 E Main Street, Ste 242	2	
		Address	
	Lehi, UT 84043		
		City/State and Zip Code	
	luzrojas411@gmail.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information	n concerning this matter, please c	all:	
Megan Karzen		844 409-1122	
Name	c of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	r the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & 1 Certified Copy (additional copy is enclosed)
Mailing Add		Street Address:	
Registration of	n Section Corporations	Registration Se Division of Cor	
P.O. Box 6		The Centre of T	
	FI 32314		e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 FEB 11 AH 7:53

Expressions, LLC	**· ==	
(<u>Name of the Limited Liability Con</u> (A Florida Limite	opany as it now appears on our records. d Liability Company)). i-; .
the Articles of Organization for this Limited Liability Compa lorida document number L21000017882	ny were filed on 01/06/2021	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited li	ability company here:	
Vorthy Expressions, LLC		
he new name must be distinguishable and contain the words "Limited Lis	ability Company," the designation "LLC"	or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
<u> Principal office address MUST BE A STREET ADDRESS)</u>		
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered office	e address on our records, enter t	he name of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	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 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			and the second s		
Title	<u>Name</u>	Address	2021 FEB AM 7: 50	Type of Action	
			E., (* 7, 50	□ Add	
				Remove	
		 		Change	
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				□ Remove	
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Effective date, if other than the date of a self-entire date is listed, the date must be specifically an effective date inserted in this block does document's effective date on the Department	filing:(optional) fic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 not meet the applicable statutory filing requirements, this date will not be listed as at of State's records.
e record specifies a delayed effective date, burd is filed.	ut not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2021
Pun Mar Ri	of a member or authorized representative of a member
	<u> </u>
Signature	e of a member or authorized representative of a member

Filing Fee: \$25.00