## K21000340984

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SECRETARY OF STATE

## **COVER LETTER**

TO:

Registration Section

Division of Corporations	
SUBJECT: 3CAGWS L Name of	LC Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this man	iter to the following:
Christa	Name of Person  AGuys LLC Firm/Company
<i></i>	Firm/Company
	J. Lansden Rd. Address
Bias	City/State and Zip Code  City/State and Zip Code  Cys @ gmail. Com  sst (to be used for future annual report notification)
E-mail addre	ss (to be used for future annual report notification)
For further information concerning this matter, pleas	
_	at ( <u>\$13</u> ) <u>J10 - 426.7</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	2022 SE(
▼ \$25.00 Filing Fee	(additional copy is enclosed)  Certified Copy (additional copy) diclosed)  (additional copy) diclosed)
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3 CAGuys, LLC ( <u>Name of the Limi</u>	ted Liability Compa (A Florida Limited	nny as it now appears on o Liability Company)	ur records.)	<del></del>
The Articles of Organization for this Limited L Florida document number 1.21000340984	iability Company	were filed on 28 July	2021	_ and assigned
This amendment is submitted to amend the fol	owing:			
A. If amending name, enter the new name of	of the limited liab	oility company here:	SECRE	7027 AUG
N/A The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designa	tion "LLC" or the approx	
Enter new principal offices address, if appli		N/A	VSSET SET SET SET SET SET SET SET SET SET	= 11
(Principal office address MUST BE A STREE	ET ADDRESS)			<u> </u>
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	BOX)		<del>-</del>	
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our record	ls, <u>enter the name (</u>	of the new regis
Name of New Registered Agent:	N/A			<u></u>
New Registered Office Address:	N/A	Enter Florida sti	veet address	
			Florida	·
		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, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		Tampa. Florida 33615	■Remove
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ocument's effective date on the Department of State's records.					:
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record specifies a delayed effective date, but not an effective tin	ne, at 12:01 a.m. on t	he earlier of: (b)	The 901	h day af	fter the
is filed.					ţ.
23 August 2022	_				ļ.
ated 23 August 2022	<u></u>				-  - 
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Signature of a member or author	o all and an analysis of the	, mambas			

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