L23000078164

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S. ROBERTS

COVER LETTER

TO: Registration Section Division of Corporations	5		
SUBJECT: E-Way	Foter Pris	ed Liability Company	
The enclosed Articles of Amendme	ent and fee(s) are subm	itted for filing.	
Please return all correspondence co	oncerning this matter to	the following:	
	Frica Be	Planty Name of Person The Drisos U Find/Company	<u> </u>
26	30 WB	mward Bli Address	1d # 203-1276
For:	Lauctra Daugnterna England address (10	City/State and Zip Code Ses Out look be used for future annual report	33313—
For further information concerning	this matter, please call	: :	
Erica Bellancij Name of Person		at (180) 153 Area Code Day	3 - 19876 time Telephone Number
Enclosed is a check for the followi	ng amount:		
	0.00 Filing Fee & entificate 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)
		Sa A 4 4	

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Comp. (Name of the Limited Liability Comp.	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 123000 75164.	were filed on OD 13 DOOB and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	fort Louderdale, FC 33312
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	DUBO W Browned Blvd #203-1274 FOR Landedgle, FL 38312
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
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

Zip Code

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
			Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
		□Change	
		DAdd	
		□Remove	
			□Change
			\ _Add
			□Remove
			☐ Change
			□Add
			□Remove
			□ Chanve

(If an c Note:	tive date, if other than the date of filing: 5553 (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	May 1 2023
	Signature of a member or authorized representative of a member
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