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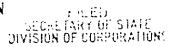
T. MATTHEWS JUL 20 2022

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Andrew Welles 1	
Name of Limit	ed Liability Company
The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.
Please return all correspondence concerning this matter to	o the following:
Andrew (Nelles Name of Person
Andrew L	Uelles UC Firm/Company
13833 U	Jellington Tr #E4-306
<u>wellington</u> andrewwe	City/State and Zip Code LIPS (Ca) ao, com
E-mail address: (to For further information concerning this matter, please ca) be used for future annual report notification) [II:
Δ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	110 011 1400
Marew Welles Name of Person	at (6/2) 701-6513 Area Code Daytime Telephone Number
Name of Cosm	, , , , , , , , , , , , , , , , , , ,
Enclosed is a check for the following amount:	
✓ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Andrew Wel	les UC	22 MAY 20 PM 3: 12
(Name of the Limited I	iability Company as it now appears on outlorida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liabi Florida document number \(\bigcup 1000105 \)	lity Company were filed on	11 7010 and assigned
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl		
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	<u> </u>
B. If amending the registered agent and/or regi		s, enter the name of the new registered
Name of New Registered Agent:		- 180
New Registered Office Address:		
	Enter Florida stre	vet 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 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
MGR	Alexandra Welles	13833 Wellington Tr. #E4-	LAdd
		13833 Wellington Tr.#E4-: Wellington, Fr 33414	🗆 Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			🗆 Add
			□Remove
			□ Change

	
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`an effec vote: H	e date, if other than the date of filing: 5
record d is file	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 discountries of the feet of the specifies and the earlier of the specifies at 12:01 a.m. on the earlier of t
Dated _	May le . 3037 Andrew Weller Signature of a member or authorized representative of a member
	Andrew Welles Typed or printed name of signee