## 113 0000 65203

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(Add	ress)	<u> </u>
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T. MATTHEWS DEC 20 2021

## **COVER LETTER**

TO: Registration Sc	ction	, ,,,,,	
Division of Cor			
MEHLENB	ACHER INVESTMENTS L	.c	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing	
Please return all correspo	ndence concerning this matter	to the following:	
	MICHAEL J HEATH		
		Name of Person	
	LAW OFFICES OF MICE	HAEL J HEATH, PA	
		Firm/Company	
	167 108TH AVE		
		Address	
	TREASURE ISLAND, FE	. 33706	
	<del></del>	City/State and Zip Code	
	Loiesiolski@warsawezpo.e		
	E-mail address: (	to be used for future ennual report noti	fication)
For further information of	oncerning this matter, please o	all:	
BRITTANY ANDRIAS		727 ]60-2771 at ()	
Name of	l Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fec	S30.00 Filing Fee & Certificate of Status	SSS.00 Filing Fee & Certified Copy (additional copy it enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

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

21 DEC - 1 PH 3: 30

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WEHTENBYCHEK INAEZLWENLZ TTC		
(Name of the Limited Lability Comp	lay 21 if saw specials we so Labelity Company;	record)
The Articles of Organization for this Limited Liability Company Florida document number £1000055203		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited Hah	iliry company bere:	
The new same must be distinguishable and contain the words "Limited Links	ity Company," the designatio	n "LLC" or the sobrevision "LLC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Eater new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
-		
B. If amending the registered agent and/or registered office a arent and/or the new registered office address here:	ddrets on our records,	enter the name of the new registere
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Exter Florida stract	Hirea
		, Florida
New Resistered Agent's Signature, If changing Resistered Agent;	Cuy	Dip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office campany has been notified in writing of this change.	perjormance of my duti consided for in Classics	es, and I am familiar with and

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

Title	<u>Name</u>	Address	Type of Action
MGR Agnieszka Ptak	333 Hamden Dr.	<b>∃</b> Add	
	Clearwater, Florida 33767	Πth	
		☐ Change	
		□Add	
		Remove	
			Change
			□Remove
			☐ Change
	····		□Add
			□Remove
		☐ Change	
		□Add	
	·	□Remove	
		□ Change	
		□Add	
		□Remove	
			Change

. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
(If an effec Note: If	e date, if other than the date of filing:
ne record : ord is filed	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
Dated _	11/30/2021
	CUMWW STANGERS CAMBURA
	Signature of a member or authorized representative of a member
	TOMASZ CIESIELSKI  Typed or printed name of signee

Filing Fee: \$25.00