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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ACHIEVERS ROLL ENTERPRISES, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
David G. Cartwright Jr. Name of Person
ACHIEVERS RULL ENTERPRISES LLC Firm/Company
1 Alhambra Plaza, PH Floor
Miami FL 33/34  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
David G. Carturight Jr. at (305) 434-5955  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S55.00 Filing Fee S30.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  S60.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:  Pegistration Section  Designation Section

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

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

A CHIEVERS (Name of the Limited Liability (A Florida	ROLL ENTERPRISES LLC  ty Company as it now appears on our records.)  Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>L 16000098</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
ACHEEVE	M, LLC ited Liability Company," the designation "LLC" or the abbreviation "LLC."
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	(ESS)
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	· <u>≡</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
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P. If amonding the posistaned areast and/annesistant	्र जि.स.च्या
b. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
agent and/or the new registered office address here.	
Name of New Registered Agent:	
Nam Paristand Office Address	
New Registered Office Address:	Enter Florida street address
<del></del>	, 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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effectiv	e date, if other than the date of filing: (optional)
f an effec <u>Note:</u> If	tive 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
record : d 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 1.
Dated	June 29th 2024.  Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member