L18000111660

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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COVER LETTER

Division of Corp			
	RATE ME NOW LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The englaced Arielas of	Amendment and fee(s) are sub-	mitted for filing	
,	ndence concerning this matter		
riease return an correspo	indence concerning this matter	to the following.	
	George Astwood		
	-	Name of Person	
	Astwood Financial Group	LLC	
		Firm/Company	
ı	16400 NW 15 AVE		
		Address	
	MIAM, FL 33169		
		City/State and Zip Code	
	Info@incmenow.com E-mail address: (to be used for future annual report not	ification)
For further information co	oncerning this matter, please ca	all:	
George Astwood		786 443-7998	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate 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)
<u>Mailing Addres</u>		Street Address:	
Registration S	Section	Registration So	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INCORPORATE ME NOW LLC

(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 05/03/2018 Clorida document number L18000111660		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.lC."
ter new principal offices address, if applicable: 3325 HOLLYWOOD BLVD, STE. 205		205
(Principal office address MUST BE A STREET ADDRESS)	HOLLYWOOD, FL 33025	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	SECTEDARY SECTION OF COMPANY REGISTERS Ame of the new o
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member Type of Action **Address Title** <u>Name</u> _ □Add □Remove **₹**□Chánge Remiove _____ □Add □Remove _____ □Change _____ Change

_____ Change

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ffective date, if other the an effective date is listed, the lote: If the date inserted it	date must be specifi	ic and cannot be pri	16/202 or to date of filing of icable statutory f	or more than 90 day	(optional) s after filing.) P is, this date wi	ursuant to 6 11 not be li	05.020 sted a
ocument's effective date of	on the Department	t of State's record	ls.				
record specifies a delayed I is filed.	effective date, bu	it not an effective	time, at 12:01 a.	m. on the earlier	of: (b) The S	90th day ai	ter the
ated 9/16		<u>Zo</u> Z	2.				
						>	
	Signature	of a member or au	thorized representa	tive of a member			

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Filing Fee: \$25.00