L18000146035

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





900419220239

11/28/23--01015--014 ++25.00

COVER LETTER

TO: Registration S Division of Co						
W X Y Z	LLC					
SUBJECT: Name of Limited Liability Company						
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	pondence concerning this matter	to the following:				
	Rodger W Garcia					
		Name of Person				
	 	Firm/Company				
	664 S US 17-92					
		Address				
	Longwood, FL 32750					
		City/State and Zip Code				
	office@thetaxshoppe.com	to be used for future annual report notification)				
For further information	concerning this matter, please c	' '				
Rodger W Garcia		321 765-4956				
Name	of Person	Area Code Daytime Telephone Number				
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 Addr Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	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 Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compart Florida document number	y were filed on June 13, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lia"	bility 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)		٠
		3
		, ,;
Enter new mailing address, if applicable:		7.3
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
www.willibention of the box	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, enter the	name of the new regi
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Shenika S Mitchell	3764 Saltmarsh Loop	
		Sanford, FL 32773	□Remove
		 	
			□Remove
			Change
			\ _Add
			□Remove
			Change
			□Add
			Remove
			Change
			🗖 Add
		-	□Remove
			Change
			□Add
			□Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an el : <u>Note</u>	tive date, if other than the date of filing:
ne reco	rd 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 iled.
Dated	Rodyn Dancia
	Signature of a member or authorized representative of a member
	Rodger W Garcia

Filing Fee: \$25.00