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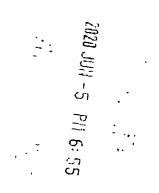
(Requ	estor's Name)	
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PICK-UP	WAIT	MAIL
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(Docum	ment Number)	
Certified Copies	Certificates o	of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: WayMaker Enterprise 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:	
Janac Green Name of Person	
Waymaker Enterprise LLC Firm/Company	
5441 SWHIWEST 41ST STICET	
HULLYWUXI, FT. 33023 City/State and Zip Code WALLYWAKE (EATER) (150 (150 (150 (150 (150 (150 (150 (150	
For further information concerning this matter, please call:	
Tange Careen at (186) wile - 3078 Name of Person at (186) Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee	of Status &
Muiling Address: Street Address:	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

: ;

Name of the Limited Liability Compa- (A Florida Limited)	2020 JUII - 5 PM 6: 56 ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L.1900021599</u> .	were filed on <u>KAOVALY 22,2019</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
WAY MAKEY EATEY DY ISC LL The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "LLC,"
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5441 SOUTHWEST 415 Street Hollywood, FI. 33023
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5441 SOUTHWEST 415T STREET HUMMWOOD FT. 33023
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	
agent and/or the new registered office address nere.	
Name of New Registered Agent:	
New Registered Office Address: 5441	SUUTHUCS 41 ST Styccl Enter Florida street address
Hully	NUOD Florida 33023 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 ZUZU JUH -5 PH 6: 56	Type of Action
			□Add
			Remove
			□Change
		🗀 Add	
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			□Remove
			Ti ci

amending any of	ther information, enter change(s) here: (Attach additional sheets, if necessary.)
	2020 JUN -5 PH 6: 56
	<u> </u>
	
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n effective date is list o <u>te:</u> If the date inso	ther than the date of filing:
ecord specifies a design of the second specifies and design of the second secon	elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted May	13th 2020.
	Signature of a member or authorized representative of a member
	
	JUNUE Green Typed or printed name of signee

Filing Fee: \$25.00