1190000040237

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	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
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SECRETARY OF STATE

COVER LETTER

Registration Section Division of Corporations

TO:

	4P ENTERPRISES, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Lucien Wolmarans		
		Name of Person	
	ANDIGUMP ENTERPRI	SES, LLC	
		Firm/Company	
	148 Alabama Avenue, Un	it B	
		Address	
	Fort Walton Beach, FL 32	548	
		City/State and Zip Code	
	Luke@youflywedrive.net		
		to be used for future annual report not	(fication)
For further information of	oncerning this matter, please c	all:	
Lucien Wolmarans		317 228-7808	
Name of Person		at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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)
Mailing Address Registration: Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of 1 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 MAR 25 AM 10: 59

ANDIGUMP ENTERPRISES, LLC

(Name of the Limited Liability Company as it now appears on our tree AHASSEE, FL

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabili Florida document number L19000040237	ty Company were filed on Februa	ary 8, 2019 and assigned
This amendment is submitted to amend the followin	g:	
A. If amending name, enter the new name of the	tamendment is submitted to amend the following: amending name, enter the new name of the limited liability company here: Fly We Drive, LLC	
You Fly We Drive, LLC		
The new name must be distinguishable and contain the words	Limited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	n/a	
• • • • • • • • • • • • • • • • • • • •	the process of the limited liability company here: LC distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." all offices address, if applicable: address MUST BE A STREET ADDRESS) address, if applicable: AYBE A POST OFFICE BOX) registered agent and/or registered office address on our records, enter the name of the new registered are registered office address here: lew Registered Agent:	
Enter new mailing address, if applicable:	n/a	
(Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or regist agent and/or the new registered office address he		rds, enter the name of the new registered
Name of New Registered Agent:	a	
New Registered Office Address:		
	Enter Florida	street address
_		
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Lucien Wolmarans	148 Alabama Ave Unit B	■ Add
		Fort Walton Beach, FL 32548	□Remove
			□Change
			□Remove
			□Change
			□Add
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n/a				
				
				
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	February 23,	2022	(A 1)	
fective date, if other than the m effective date is listed, the date mu	ragreat filling.		(optional) n 90 days after filing.) Pursuant to	o 605.020 7
ote: If the date inserted in this b	lock does not meet the applica			
cument's effective date on the D	epartment of State's records.			
ecord specifies a delayed effective	e date, but not an effective tim	ne, at 12:01 a.m. on the	earlier of: (b) The 90th day	after the
is filed.				
February 23	2022			
February 23 ated		- ·		
\sim	<u> </u>			
	Signature of a member or author	erad samplementation of a	nmbur	_
	auguature of a member of author	ized representative of a me	emoel	
Lucien Wolmarans, MO	GR			
		I name of sinner		_

Filing Fee: \$25.00