# 119000092252

(Re	questor's Name)	
(Add	dress)	
(Ade	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	_

Office Use Only



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01/08/22--01013--018 \*\*25.00



A. BUTLER JAN 25 2022

## **COVER LETTER**

Division of Corpo	rations	•	
SUBJECT:	/ARRIOR FL Name of Limit	ow LLC ed Liability Company	
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return all correspond	ence concerning this matter to	o the following:	
	ZOE	PLASENCIA Name of Person	
	TAE YO	6A LAB LLC Firm/Company	<u> </u>
	1295	SWIFT CAEE	( WAY
		a spain bs fl. City/State and Zip Code	
	JOG 7- E-mail address: (to	ALA BOALANDOCIE  The be used for future annual report notifica	MAIC, COM
For further information cond	cerning this matter, please cal		
Z O E Name of Po	PLASENCIA erson	$\frac{1}{\text{Area Code}} = \frac{305}{Application To Paytime $	836 L elephone Number
Enclosed is a check for the t	following amount: □ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	S60.00 Filing Fee.
Daring to	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

## Mailing Address:

TO: Registration Section

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

WARRIO	R FLOW	LLC	4.4.3.
(Name of the Limited (A	Liability Company as it now Florida Limited Liability Com	appears on our records.) pany)	J. (_ ()
The Articles of Organization for this Limited Liab Florida document number <u>L19000</u>	oility Company were filed	on 4-3-2	and assigned
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the TAE  The new name must be distinguishable and contain the work			
The new name must be distinguishable and contain the work	ds "Limited Liability Company	." the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable of the enternation			R SARING BLUD, LINGS, FC, 32708
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	2 <u>X)</u>	335 WIATER SP.	1 SP(1415 BLUD, AMUS, FL, 32769
B. If amending the registered agent and/or reg agent and/or the new registered office address		our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:	Z0E	PLASENCE	A
New Registered Office Address:	1335 W/r	ATER SPRIA ter Florida street address	165 BLUD
V	1335 W/A EM VINTEN SPA,	IALS Florid	a 32708 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>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
···			
			□Remove
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
		Remove	
			☐ Change
			□Add
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			□Chanve

Sective date, if other than the date of filing:    1 - 2 - 2 0 2   (optional)	_	<u> </u>
Signature of a member or authorized representative of a member.  (optional)  (	_	<del></del>
ective date, if other than the date of filing:	_	
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		Signature of a member or authorized representative of a member