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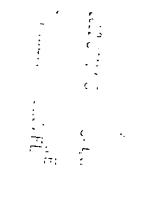
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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A. BUTLER FEB - 3 2022

COVER LETTER

TO: Registration Section Division of Corpora	tions	·	
SUBJECT: Let'S	Promote Name of Limit	ted Liability Company	· • • • • • • • • • • • • • • • • • • •
The enclosed Articles of Amer	ndment and fee(s) are subn	nitted for filing.	
Please return all corresponden	ce concerning this matter to	o the following:	
, -	Dawn	PC(LZ Name of Person	
_	Let's Pri	Firm/Company	
7,	1924 W	Forest Hill Blue	1 STE 10A \$460
7	Nellington, Fi	City/State and Zip Code	
	Cumperez (E-mail address: (to	o be used for future apriual report notific	Cation)
For further information concer	ming this matter, please cal	lī:	
Name of Pers	21CZ	at (50d) QCC Area Code Daytime	Telephone Number
Enclosed is a check for the fol	lowing amount:		
X \$25.00 Filing Fee □	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Secti Division of Corpo		Street Address: Registration Sect	ion
LAVISION OF COMPA	ZHOURS	Division of Corn	Orations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

2 1 1

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

Lets From OH	d Liability Company A Florida Limited Liab	as it now appears on ou oility Company)	r records.)	,	
The Articles of Organization for this Limited Lia Torida document number <u>LIGOOOT</u>	ibility Company wo	ere filed on	4/2027	and ass	igned
his amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liabilit	y company here:			
The new name must be distinguishable and contain the world in the modern than	able:				
Enter new mailing address, if applicable:				<u> </u>	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		<u> </u>		
B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent:	registered office ad ss here:	Idress on our record	ls, enter the na	me of the no	ew registered
	11924 11	1 Furest Hi	11 BIVD	10'A_	#460
New Registered Office Address:	well	Enter Florida str	reet address , Florida _	334110 Zip Cod	<u></u>
		9,		•	

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
NGR	Dawn Perez	11924 IN Forest Hill BND	10A #460 □Add
		Wellington, FL 33414	□ Remove
			□Change
			🗆 Add
			□Remove
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n effect te: If	tive date is list the date ins	ted, the date mu erted in this b	e date of filing ist be specific and block does not n Department of S	l cannot be prioned the prioner.	cable statutory	or more than 90 of filing requirements	_ (optional) days after filing.) Prents, this date wi	ursuant to 605.0207 If not be listed as
ecord s	specifies a d d.	clayed effecti	ve date, but not	; an effective	time, at 12:01 a	n.m. on the earli	er of: (b) The 9	Oth day after the
ted <u>\</u>	Janu	<u>au</u>) /	. 202				
) []	Signature of a	member or aut	horized represen	tative of a member	er	
			\sim					