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COVER LETTER

Division of Corp			•
SUBJECT:	Newell LLC	• •	
	Name of Limi	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Antho	M. Newell Name of Person LLC Firm/Company	- ··· -
	Newel	Firm/Company	
	4038 1	UN 11 street	
	Lauderhi	FL 33313 City/State and Zip Code	
		thony @ yahoo. Co	
For further information ed	oncerning this matter, please co	all:	
An-Hony Name of	M. Newell Person	at (<u>813</u>) <u>847 - Daytime</u>	7751 Telephone Number
Enclosed is a check for th	ne following amount:		
\$\text{\$25.00 Filing Fee}	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

OF	920 FEB
Newell, LLC	AHASS
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L19000230535</u> .	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabilit</u>	y company here:
The new name must be distinguishable and contain the words "Limited Liability	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)	
-	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
 -	
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	dress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: Antho	ony M. Newell , MGR
	NW 11 street
	Enter Florida street address
Laur	Green Florida 20010
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

If Cyanging 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
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			□Remove
			(I)Change
			□Add
			□Remove
			[] Change
			□Add
			TRemove
			□Add
			Remove
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			□Change

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record spec is filed.	ifies a delayed o	effective date, but	not an effective	time, at 12:01 :	i.m. on the earlie	r of: (b) The 90	th day after th
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_		Signature o	of amounter or aut	ngrizod represen	tains of a member		
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