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(F	Requestor's Name)
<u> </u>	ddress)
(Ä	oddress)
(0	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(E	Business Entity Name)
(C	Pocument Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:





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COVER LETTER

TO: Registration Se Division of Cor		•		
Storywell,	i.			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	David R Llewellyn			
		Name of Person		
	Storywell, LLC			
		Firm/Company		
	20937 Country Barn Dr			
		Address		
	Estero, FL 33928			
		City/State and Zip Code		
	storywell@gmail.com			
	E-mail address: (to be used for future annual report noti-	lication)	22
For further information c	oncerning this matter, please c	all:		0 Page 1
David Llewellyn		239 595-9978 at ()		77 ST
Name o	f Person		e Telephone Number	AMIL: 06
Enclosed is a check for the	he following amount:			: 05 AND
Fee Of Filling 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 enclo 	<u>.</u>

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

Street Address: Registration Section Division of Corporations The Centre of Tailahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

To too 12 million

Storywell, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on and assigned and assigned
Florida document number L19000262565
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability 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 address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
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
MGR	David R Llewellyn	20937 Country Barn Dr, Estero, FL 33928	■Add
			□Remove
			□ Change
AMBR	Agnes Story	20937 Country Barn Dr, Estero, FL 33928	□Add
			Remove
			Change
			□Add
			□Remove
			□Change
	 		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

	This amendment is simply for the purpose of correcting an omission in the	_
ı	original filing.	
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ective date, if	f other than the date of filing: (optional)	
n effective date is ite: If the date	s listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 inserted in this block does not meet the applicable statutory filing requirements, this date will not be fit)5.0207 sted as
	tive date on the Department of State's records.	siçu as
ecord specifies	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aff	er the
is filed.		
April 02	2020	
	James Hamel	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00