120000050774

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COVER LETTER

TO: Registration Se Division of Corp			
SUBJECT: We	R The Minimizer	ACMINE L. L.C. ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	<u>JAHMAL</u>	Rolling Name of Person	
	We R T	MACHINE L.L.C.	
	110920 NW	18th Ave	
	Minmi Co	ARDENS Florida 33056 City/State and Zip Code	
	Wrtm21 E-mail address: (1	02060 amail. Com o be used for future annual report notification)	
For further information co	oncerning this matter, please ca	dI:	
)AHMAL Name o	Rolling Person	at (78) 108-8463 Area Code Daytime Telephone Number	
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee Certificate of State Certified Copy (additional copy is enclosed)	tus &
Mailing Addres Registration S Division of C	Section	Street Address: Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

we R The Machin	a bibili	
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>\200050774</u> . This amendment is submitted to amend the following:	ny were filed on <u>2 13 2.020</u>	and assigned
_		
A. If amending name, enter the new name of the limited lia	ability company here:	
	N. C. N. L. L. C. N.	
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LLC" or the a	obreviation "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 offic	e address on our records, enter the nan	ne of the new registered
agent and/or the new registered office address here:		_
Name of New Registered Agent:		
New Registered Office Address:		•
	Enter Florida street address	
	, Florida	
	City	Zip Code
Now Degistered Agent's Signature if shanging Degistered Agen	**.	じゅう

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 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
AP_	TARIK ROLLING	4901 MADISON St.	ílAdd
		Hollyword, TL 33021	□Remove
			Change
MGL	TARIK Rollins	4901 MADISON St.	X /Add
		Holly WOOD, FL 33021	□Remove
		·	□Change
	JAHMAL Rollins	16920 NW 18th AVE	□Add
		WILLIAMI GARDENS, FL 3305	Remove □
			MChange
MGR ——	JAHMAL Bollins	16920 NW 18th AVE	i Y Add
		MIAMI GARDENS, TL 3305K	Remove □
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

Note:	tive date, if other than the date of filing:
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is t	Hod
Dated	1 4/24/2071 2021
Dated	1 4/24/2021 . 2021.
	Ald All
	Signature of a member or authorized representative of a member
	laural Railing
	Typed or printed name of signee