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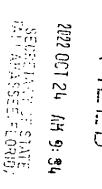
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A. RIVERS



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COVER LETTER

	istration Se sion of Co		
SUBJECT:	i	Me	Hellus, LLC
			Name of Limited Liability Company
The enclosed	Articles of	Amendment	and fee(s) are submitted for filing.
Please return	all correspo	ondence conce	rning this matter to the following:
			Abrahan Metellus Name of Person
			Name of Person
			Wrightwood Goital Gray
		822	NE 125th Street North Mani, Fl 33161 Suite 105
			710000
			City/State and Zip Code
			E-mail address: (to be used for future annual report notification)
For further in	formation	oncoming th	s matter, please call:
\wedge \circ	1	oncerning the	'i nation, picase can.
- Hbr	rhan	Mute	Ws at (186) 566-7158
	Name o	of Person	Area Code Daytime Telephone Number
Enclosed is a	check for t	he following	amount:
\$25,00 F	iling Fee		Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Reg Div P.O	. Box 632	Section Corporations	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

,	I referios, co	u	
(Name	of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
	s Limited Liability Compar	by were filed on $\frac{2/17}{2020}$ and assigned	
This amendment is submitted to am			
A. If amending name, enter the n	ew name of the limited lis	shility company here:	
(.)	twood Capital	Correct LLC	
		bility Company," the designation "LLC" or the abbreviation "L.L.C."	-
Enter new principal offices addre	ss, if applicable:	822 NE 125th Street, Suite 105	-
(Principal office address MUST B	E A STREET ADDRESS)	North Man, FL 33161	-
			-
Enter new mailing address, if app	licable:	822 NE 125th Street, Suite 1.05	_
(Mailing address MAY BE A POS	T OFFICE BOX)	Noth Man, FL 33161	_
B. If amending the registered age agent and/or the new registered o		e address on our records, enter the name of the new registe	- <u>:red</u>
Name of New Registered	Agent:	SECSET TALL ALL	-
New Registered Office Ac	Idress: 992 M	JE 126th Street, Suite 105 2 7	-
	North	Miami , Florida 33165	
		City Code	-
New Registered Agent's Signature, i	f changing Registered Agen	<u>t:</u>	
provisions of all statutes relative accept the obligations of my posit	to the proper and comple tion as registered agent a inge in the registered offic	gree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and so provided for in Chapter 605, F.S. Or, if this document is the address, I hereby confirm that the limited liability	

If Changing Registered Agent, Signature of New Registered Agent

If amending	Authorized Person(s) authorized to n from our records:	nanage, enter the title, name, and address of ea	ch person being added
MGR = M			
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Abrahan 6 metelly	713 SW 7th Are	□Add
		713 SW 7th Are Hallandale Beach, FC 33009	□Remove
			i⊠Change
MGR	Stefaire mulelly	713 SW 7th Ave	□ Add
		713 SW 7th Ave Hallandale Beach, FC 33009	□Remove
			K.Change
			□ Add
			□Remove
			Change
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□Change

c.i.di	ing any other throrms	tion, enter change(s) here: (Attach additional sheets, if necessary.)
		·····
	 	
		
n effectiv (te: If th	we date is listed, the date mu the date inserted in this b	date of filing: (optional) st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 ock does not meet the applicable statutory filing requirements, this date will not be listed as epartment of State's records.
cord sp s filed.	ecifies a delayed effective	re date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed	10/18/22	·
	ι τ	1
		enature of a member or authorized representative of a member
		Abrahan Metelles
		Typed or printed name of signee