

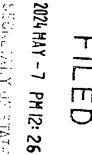
| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
| Special instructions to Filing Officer. |
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Office Use Only



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COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|---|--|--|
| SUBJECT: 5HF | EKINAH B Name of Lim | RANDING- ited Liability Company | É COMMUNICATIONS |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | • |
| Please return all correspo | endence concerning this matter | to the following: | |
| | HERME | LINE BLANC- | -LENC |
| | KYRIA | BIZ SOLUTI | ions, LLC |
| | 1011 Clea | rmantst. NE | AP+207 |
| | PalmB | Out FL, 32 | 905 |
| | hermeline @ | Kyria BizS | colutions. Com |
| For further information of Hermeline Name of | oncerning this matter, please co | all: at (561) 3/7 - Area Code Daytin | 9150/32/-378-1029 me Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| □ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy | S60.00 Filing Fee. Certificate of Status & |

Mailing Address:

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

Street Address:

(additional copy is enclosed)

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

Certified Copy (additional copy is enclosed)

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

SHEKINAH BRAN

| The Articles of Organization for this Limited Liability Company | were filed on $3/5/202$ | O and assigned |
|---|--|---|
| Florida document number <u>L 2 0 0 0 0 7 3 4 11</u> . | / / | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabile. A B Z S O L UT i O | NS. LLC. | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | /V/A | 2024 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | N/A | FILED MAY -7 PH 12: 26 MAY -7 PH 12: 26 |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, <u>enter the</u> | (• • = |
| Name of New Registered Agent: New Registered Office Address: | Enter Florida street address | |
| | . Floric | da |
| | City | Zip Code |
| 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> | <u>Address</u> | Type of Action |
|--------------|-------------|----------------|----------------|
| | MA | | □Add |
| | l | | □ Remove |
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| | NO other inframation 15 to be updated |
|---------------------|---|
| | No other information 15 to be updated Other than the name. |
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| (If an ef Note: | tive date, if other than the date of filing: |
| he reco ord is f | 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 filed. |
| | 14/30 . 2024. |
| Dated | |
| Dated | Hul QAA |
| Dated | Signature of a member of authorized representative of a member |

Filing Fee: \$25.00