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(Requestor's Name)	
(Address)	000398
(Address)	
(City/State/Zip/Phone #)	a an area man
PICK-UP WAIT MAIL	11/28/22 0
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(Document Number)	
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COVER LETTER

TO: Registration Section Division of Corpora			,
SUBJECT: 05 T	Men L Name of Limi	GWN SERVICE (UC
The enclosed Articles of Amer	idment and fee(s) are subi	mitted for filing.	
Please return all correspondence	ce concerning this matter t	to the following:	
7	Vincess (Bciotiste Name of Person	<u> </u>
		Firm/Company	
0	1833 NW	2124CR	
\sim	liani Gorde	City/State and Zip Code 9Mail. COM o be used for future annual report notific)
21	Fradil address: (to	o be used for future annual report notific	cation)
For further information concer	ning this matter, please ca	ill:	
Frinces Bapt	15te	at (780) 439-9 Area Code Daytime	29 / Telephone Number
Enclosed is a check for the foll	lowing amount:		
\$25.00 Filing 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 enclosed)
Mailing Address: Registration Section Division of Corpo P.O. Box 6327		Street Address: Registration Sect Division of Corpe The Centre of Ta	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida	v Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L2000014939</u>	ompany were filed on June 1, 30 20 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here: sted 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 ADDR	2833 NW 212+er====================================
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	D833NW 212-febre & D Miani, Garden, F/3355
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	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 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
AMBIZ	Gregory Colden.	3600 monroe St, Hollywood, F/3	3302 liv Add
			□Remove
			🗆 Change
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			□ Change

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an effecti lote: If t	date, if other than the date of filing:
record sp Lis filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	11.23 ,2028
ated/	$A \cap A \cap A$
ated <i>[</i>	P. Baptis of a purply of a pur
ated <i>[</i>	Princess Agentiste Typed or printed name of signee

Filing Fee: \$25.00