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(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	
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08/05/20--01016--022 **25.03

S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Willene Agency LLC

SUBJECT: _

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Teneka Steed Name of Person Willene Agency LLC Firm/Company 618 E. South St Suite 500 Address Orlando FL 32801 City/State and Zip Code info@willeneagency.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Teneka Steed 1.1 786 810-3261 at (__ Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$60.00 Filing Fee, □ \$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: **Registration Section Registration Section Division of Corporations Division of Corporations**

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

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

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Willene Agency LLC		
(Name of the Limited Liability Compa (A Florida Limited	<u>any as it now appears on our records.)</u> Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	Trand assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company here:	
in it interesting matter, <u>enter the new name of the matter than</u>	inty company nere.	
The new name must be distinguishable and contain the words "Limited Liabi		
The new name must be distinguishable and contain the words. Limited Liabi	itty Company, the designation 'LLC' or t	he abbreviation "L.L.C.
Enter new principal offices address, if applicable:	618 E. South Street	
(Principal office address MUST BE A STREET ADDRESS)	Suite 500	
	Orlando, FL 32801	
	618 E. South Street	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	Suite 500	
	Orlando, FL 32801	
B. If amending the registered agent and/or registered office a	address on our records, <u>enter the i</u>	name 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

Zip Code

202

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 heing 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
AMBR	Teneka Steed	618 E. South Street	🖸 Add
		Suite 500	[]Remove
		Orlando, FL 32801	Change
		<u></u>	🗆 Add
			🗆 Remove
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			Change
			🗆 Add
			🗆 Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

2030 August 3 Dated Signature of a member or authorized representative of a member Teneka St

Typed or printed name of signee

Filing Fee: \$25.00