L2000020403

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

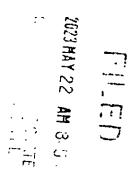
Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: B.	W. Lashes	ilC	
3013BeT		nited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
			ı
	Kamecia:	S. Dickson Name of Person	
		Name of Person	
	B.W. Last		
		Firm/Company	
	1510 NW 182	lnd St	
		Address	
	Miami Fl	33169	
		City/State and Zip Code	
	Kanccia dic	to be used for future annual report notif	ication)
For further information co	oncerning this matter, please c		,
_	_		
Kamecia I	Dickson	at (<u>954)</u> 682-1	209
Name of	Person	Mea Code Daytimi	e Telephone Number
rento a litara de ala social	6.11 1 1		
Enclosed is a check for th	-	D 655 00 pm - p - 6	E. 640.00 E
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
N1		Paris A A I I	
Mailing Address: Registration Section		<u>Street Address:</u> Registration Sec	ction
Division of C	orporations	Division of Corporations	
P.O. Box 632	•	The Centre of T	
Tallahassee, F	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D.W. LUSINGS	·
(Name of the Limited Liability Company as it to (A Florida Limited Liability)	now appears on our records.) Company)
ne Articles of Organization for this Limited Liability Company were fi orida document number <u>L2000020403</u> 1	led on and assigned
nis amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability con	mpany here:
SexxII MINKS LLC	: 26
new name must be distinguishable and contain the words "Limited Liability Comp	pany," the designation "LLC" or the abbreviation "L.L.C."
ter new principal offices address, if applicable:	HAY
rincipal office address MUST BE A STREET ADDRESS)	2
	AH
nter new mailing address, if applicable:	<u> </u>
Iniling address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered office address	on our records, enter the name of the new regis
ent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	P. Division of
	Enter Florida street address
	, Florida
City	
ew 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
	<u></u>		
			□Remove
			□Change
			🖸 Add
			□Remove
			☐ Change
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vote:	ve date, if other than the date of filing:
record Lis fil	I 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 ed.
ated	May 5. 2023. Kamecie I. Dickson
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00