# LZO 000273968

(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phon	e #)
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## **COVER LETTER**

TO: Registration Section Division of Corporations
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:
Jason E. Sobers Name of Person
Wett Works Firm/Company
13406 SW 285th Terrace
Homestead Florida 33033
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jason Sobers <u>a. 305</u> , 877-3600
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

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

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

1 ) ,	0	F	2020 CT 21 PM	1:55
WETT !	1 A JORK	S	2020 C	
(Name of the Limit	d Linbillty Compa A Florida Limited L	ny as it now appears of iability Company)	n our records.)	<del></del>
The Articles of Organization for this Limited Liz Florida document number <u>L 20000 2</u>	ability Company	were filed on	1	_ and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of				
The new name must be distinguishable and contain the wo				
The new name must be distinguishable and contain the wo	ords "Limited Liabili	ty Company," the desig	mation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applica	ible:	~/A		<del></del>
(Principal office address MUST BE A STREET	( ADDRESS)	<del></del>		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<u>80X)</u>	N/A		
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office a	ddress on our reco	rds, <u>enter the name o</u>	f the new registered
Name of New Registered Agent:	Alu			
New Registered Office Address:				
		Enter Florida .	street address	
		City	, Florida	Zip Code
		= v	•	ap some

### 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>	Name	Address	Type of Action
AMBR	Jason E. Sobers	13606 SW 285th Terrace Homestead, FL 33033	DAdd
			□Remove
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TULE,	ve date, if other than the date of filing:  ctive 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
record d is file	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
Pated_	Tuesday September 15th 2020
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00