LZ0000775002

(Re	questor's Name)	
(Ad	dress)	
		
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
ertified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100352229411

09/17/20--01007--001 **25.00

2028 SEP 17 PH 2: 16



COVER LETTER

TO:

TO: Registration Sec Division of Corp		•	•	
SUBJECT: The	, 1 COD 11 1 0	ited Liability Company		
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:	•	
	Wanda M	Name of Person		
	Notary 4 V	Firm/Company		
	11852 Lak	Ce Bend Circl	2020 SEP I	1
	Jacksonvi	ILE FL. 32218 City/State and Zip Code	7 PM 2:	;]
	Notary 411 Jas	CE AMAIL. COM		
For further information c	oncerning this matter, please co	all:		
Wanda Name o	Mayes Person	at (<u>904</u>) 338-0 Area Code Daytime	8195 Telephone Number	
Enclosed is a check for the	ne following amount:			
≤ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
			**	
Mailing Address		Street Address: Registration Sec	tion	
Registration S Division of C		Division of Corp		
P.O. Box 632		The Centre of Ta		
Tallahassee, l		2415 N. Monroe	Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Wedding Spanning (Name of the Limited Limi	T L L C y as it now appears on our ability Company)	records.)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L2000275002</u> .	were filed on 912	2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	
Enter new principal offices address, if applicable:	1/.	707
(Principal office address MUST BE A STREET ADDRESS)	_ N/A	SEP II
		2 2
Enter new mailing address, if applicable:	- 4//	25 2
(Mailing address MAY BE A POST OFFICE BOX)	_N/A	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records,	enter the name of the new registered
New Registered Office Address:		
	Enter Florida stree	t address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my du rovided for in Chaptei	ties, and I am familiar with and - 605, F.S. Or, if this document is
	ging Registered Agent, Sig	nature 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>l'itle</u>	<u>Name</u>	Address	Type of Action
		NA	
			- Remove
			□Change
			Remove SEP Change Change
			17.0 Add 7.1 CRemove
_			□Change □Add
			□Remove
			Change
			⊡Add
			□Remove
			□Change
			□Add
			⊡Remove

	N/A		_
		~.	_
	.		_
		_	_
			_
			_
	·		_
		7 C 28	<u> </u>
		SE	₹ <u>~</u>
		37 J	
		PH	[]
		2: 1	
			_
			_
		<u> </u>	_
te: If the date inserted in	an the date of filing:	(optional) g or more than 90 days after filing.) Pursuant to 6 filing requirements, this date will not be li	05.02
ecord specifies a delayed of sfiled.	effective date, but not an effective time, at 12:01 a	a.m. on the earlier of: (b) The 90th day al	Aer th
al15/2	020		
ied	Garda Mary	·	-
	Signature of a member or anthorized represen	tative of a member	
	11/2 1/2 1/200		

Filing Fee: \$25.00