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Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer.	

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COVER LETTER

TO:	Registration S Division of Co			
CUD IE		ENTERPRISE GROUP, LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The encl	losed Articles of	`Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all corresp	ondence concerning this matter	to the following:	
			Nakita Watley	
			Name of Person	
		WATLEY EN	TERPRISE GROUP, LLC	
		-	Firm/Company	
		103:	57 Swarthmore Dr	
			Address	
		Jac	ksonville, FL 32218	
			City/State and Zip Code	
			ttyscc01@gmail.com	
For furth	ner information	E-mail address: (concerning this matter, please c	to be used for future annual report no	stification)
1 Or Turn		-		
Nakita Watley		904 616-4643 at ()		
	Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed	d is a check for t	he following 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 Addre		<u>Street Address:</u> Registration S	ection
Division of Corporations		Division of Corporations		
	P.O. Box 63: Tallahassee,		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

appears on our records.) apany)		
on (09/21/2020 and as	and assigned	
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nter Florida street address		
, Florida Zip Code	e	
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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 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
AMBR	Monique Watley-Mull	14333 Beach Blvd. suite 33-135A Jacksonville, FL 3	
			□Remove
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If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records. ord 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 filed. d						-
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Nakita Watley		Nakia Wate				

Filing Fee: \$25.00