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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(======================================
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

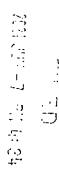
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	• •	COVER LETTER	
TO: Registration S Division of Co			
	VE 14, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fec(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	REGINA WILSON		
		Name of Person	
	RESOLVE 14, LLC		
		Firm/Company	
	3470 NW 212TH Street		
		Address	
	Miami Gardens, FL 33	056	
	rwilson2@bellsouth.net	City/State and Zip Code	
	E-mail address:	(to be used for future annual report not	fication)
For further information	concerning this matter, please of	eall:	
REGINA WILSON		786 663-8884	
Name	of Person		e Telephone Number
Enclosed is a check for	the 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 Addr Registration Division of P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of 7 2415 N. Monro Tallahassee, FL	rporations Fallahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RESOLVE 14, LLC		
(Name of the Limited L (A I	Jability Company as it now appears on our records. Florida Limited Liability Company))
The Articles of Organization for this Limited Liabi	lity Company were filed on 10092020	and assigned
Florida document number		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
<u>Principal office address MUST BE A STREET A</u>	(DDRESS)	
		·
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO.	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address h		he name of the new registe
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
_		rida
	City	гар Соде

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
OWNER MGB	REGINA WILSON	3470 NW 212TH STREET, Miami Gardens, FL 33	60 ■ Add
			□Remove
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			□Remove
			_ □Change
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I need to make sure	that this LLC appears a	s MEMBER MA	NAGED		
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fective date, if other	than the date of filing he date must be specific and	Cannot be prior to	date of filing or more	(option	al) ing) Pursuant to 605 020
ote: If the date inserted	I in this block does not m	neet the applicabl	e statutory filing r	equirements, this d	ate will not be listed a
cument's effective date	on the Department of S	tate's records.			
					202
	ed effective date, but not	an effective time	, at 12:01 a.m. ол	the earlier of: (b)	The 90th day after the
is filed.					
	JUNE 2	2021			(• •
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Geg	Signature of a r	nember or authoriz	ed representative of	a member	