

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AFIWI LLC
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:

KARINA J LABARCA
Name of Person
AFIWI LLC
Firm/Company
111 E MONUMENT AVE SUITE 401-12
Address
KISSIMMEE, FL 34741
City/State and Zip Code
DOCUMENTS@CYANCINC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KARINA J LABARCA 407 591-2540
Name of Person at (Area Code) Daytime 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) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing 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
OF

AFIWI LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/31/2020 and assigned
Florida document number L21000010517.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NO CHANGE

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

111 E MONUMENT AVE

SUITE 401-12

KISSIMMEE, FL 34741

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

111 E MONUMENT AVE

SUITE 401-12

KISSIMMEE, FL 34741

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

CYAN CONSULTANTS INC

New Registered Office Address:

111 E MONUMENT AVE SUITE 401-12

Enter Florida street address

KISSIMMEE

City

Florida 34741

Zip Code

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	KARINA J LABARCA	111 E MONUMENT AVE	<input type="checkbox"/> Add
		SUITE 401-12	<input type="checkbox"/> Remove
		KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Change
MGR	PETER D BERNARD	111 E MONUMENT AVE	<input type="checkbox"/> Add
		SUITE 401-12	<input type="checkbox"/> Remove
		KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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