# 121000029189

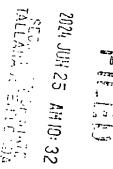
(Rea	uestor's Name)	
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PICK-UP	TIAW	MAIL
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Office Use Only



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98/08/24--01026--003 ++05.00



## **COVER LETTER**

TO: Registration Se Division of Cor				
	IT OR GET LEFT			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	PRESCILIA WILIIAMS			
		Name of Person		
	GET RIGHT OR GET LE	₽Τ		
	<del></del>	Firm/Company		
	4401 ANNETTE ST STE	6		
		Address		
	WEST PALM BEACH FI	. 33409		
		City/State and Zip Code	<del> </del>	
		GHTORGETLEFT@GMAIL.COM		
	E-mail address: (	to be used for future annual report noti	fication)	
For further information of	concerning this matter, please o	all;		
PRESCILIA		725 777-8052 at ()		
Name o	of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Fiting 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		Street Address: Rogistration So	ction	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of T	The Centre of Tallahassee	
Tallahassee,	F1, 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GET RIGHT OR GET LEFT		
(Name of the Limited I (A)	iability Company as it now appears on our reco forida Limited Liability Company)	<u></u>
The Articles of Organization for this Limited Liabi	lity Company were filed on 06/19/2024	and assigned
Florida document number 1.21000029189	·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	17024 JI 1850 1701 J
		econo
The new name must be distinguishable and contain the words	"Elimited Liability Company," the designation "El	<del>्र</del> मान
Enter new principal offices address, if applicable	<u> </u>	
Principal office address MUST BE A STREET A	DDRESS)	
		32
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO.	X)	
3. If amending the registered agent and/or regis		r the name of the new regis
gent and/or the new registered office address he	ere:	
Name of New Registered Agent:		
New Registered Office Address:		
ite in the financial in	Enter Florida street addr	ess
	ı	lorida
_	, r	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>	Address	Type of Action
MGR	BRANDON CLARKE	7164 COLONY CLUB DR 101	
		LAKE WORTH FL 33463	■Remove
			Change
P	PRESCILIA WILLIAMS	5169 MASSEY DR	□Add
		LAKE WORTH FL 33463	□Remove
			Change
			□Add
			Remove
			□Add
<del></del>		T164 COLONY CLUB DR 101  □ A  LAKE WORTH FL 33463  □ C  5169 MASSEY DR  □ A  LAKE WORTH FL 33463  □ R  □ C  □ C  □ C  □ C  □ C  □ C  □ C	□∧dd
			Remove
			□Change
			□Remove
			□Change

# Page 2 of 3

Effective date, if other than the date of filing:  (Optional)  (If an effective date is fiscal, the date must be specific and cannot be prior to date of filing or more than 90 days when filing.) Pursuant to 605.02 file date instreted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.  The effective date are delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed.  Dated  JUNE 19FH  2024  Signature of a member or authorized representative of a member					
Effective date, if other than the date of filing:					
Effective date, if other than the date of filing:					
Effective date, if other than the date of filing:					
Effective date, if other than the date of filing:					
Effective date, if other than the date of filing:			<del></del>		
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Dated			an effective time, at	12:01 a.m. on the earlie	er o
Yw S	JUNE 19TH	2024			
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Signature of a member or authorized representative of a member		,,,,,			
	· ·	agnature of a member of authori	izea representative of a memb	ci	
		Typed or printed	name of signee		

Page 3 of 3