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(Requestor's Name)
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(City/State/Zip/Phone #)
(Only out of 21 printing my
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration Section Division of Corporations	-
SUBJECT: The Wern	Name of Limited Liability Company  Center LLC
The enclosed Articles of Amendment a	nd fee(s) are submitted for fiting.
Please return all correspondence conce	ming this matter to the following:
	·
<del></del>	Tiffany Werner Name of Person
	Firm/Company
	125 Cuco Lane
	Jupiter, FL 33458 City/State and Zip Code
thes	E-mail address: (to be used for future annual report notification)
For further information concerning this	matter, please call:
TIFFERY Werner Name of Person	at ( <u>501</u> ) <u>563-998</u> Area Code Daytime Telephone Number
Enclosed is a check for the following a	mount:
	Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee.  Certified Copy (additional copy is enclosed)  S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Liab	as trnow appears on our records.)  School, ( Dility Company)	IC
The Articles of Organization for this Limited Liability Company we Florida document number <u>L210</u>	ere filed on 01-14-2021 and as	signed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit		
The Cup of Knowledge LLC The new name must be distinguishable and contain the words Limited Liability	Company," the designation "LLC" or the abbreviation "I	L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
<u>-</u>		<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	<del></del>
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	dress on our records, <u>enter the name of the ne</u>	w registere
Name of New Registered Agent:	- 3	
New Registered Office Address:	<u></u>	
	Enter Florida street address Florida	
	City Zip Code	
Now 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
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			⊐Change
			□Add
			□Remove
			□Change

## Page 2 of 3

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(If an effective Note: If the	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier of the day after the record is filed.
Dated	March 12 2021. Juliano
	de la desta de la companya della companya della companya de la companya della com
<u>.</u>	Signature of a member or authorized representative of a member