L21000039440

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Q. SILAS JUN 10 2022
JUN 10 2002

Office Use Only



000389147500

06/10/22--01002--014 **25.00



COVER LETTER

TO: Registration S Division of Co			
SUBJECT: FE	PROLLC	nted Liability Company	
	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:	
	Wilfride	JOAE-Bh	
		Name of Person	
		Firm/Company	
		Address	
	-	City/State and Zip Code	
	E-mail address: (to be used for future annual report	notification)
For further information c	oncerning this matter, please c	all:	
		at ()	ytime Telephone Number
Name o	f Person	Area Code Da	ytime Telephone Number
Enclosed is a check for the	ie following amount:		
□ \$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		<u>Street Address</u> Registration	
Division of Corporations			Corporations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZAT OF ED

The Articles of Organization for this Limited Liability Company as it now an an assigned and assigned Florida document number 22000 L 210,000,00394440

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company, the designation "LLC" on the abbreviation "L.L.C"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

1			
If Changing Registered Agent,	Signature of New	Registered Agent	_

Enter Florida street address

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	Wilfride Joseph	20807 51 st Drive laked	ty LAdd F132924
			□Change
			□Add
		****	□ Remove
			□Change
			□Add
			□Remove
			🗆 Change
	7**	-	□Add
			□Remove
			□Add
			□Remove
			🗆 Change
.			IAdd
			ERemove

D. If amending any other information, e	enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of than effective date is listed, the date must be specified. If the date inserted in this block doe document's effective date on the Department.	optional) rific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) is not meet the applicable statutory filing requirements, this date will not be listed as the ent of State's records.
the record specifies a delayed effective date, bord is filed.	but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 01/20/2021	<u> 6/10/22</u> .
Wilfude Signatur	Joseph Te of a mexiber or authorized representative of a member
BRE WILFRI	O Joseph Typed or printed name of signee