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(Re	equestor's Name)
(Ac	ddress)
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(Cit	ty/State/Zip/Phone #)
☐ bick-nb	MAIL MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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	Received
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	2011

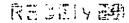


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Office Use Only





2021 JUN 14 AM 9: 05

FLORIDA DEPARTMENT OF STATE Division of Corporations

This.

May 17, 2021

CYNTHIA DAVIES 8051 N. TAMIAMI TRAIL SUITE E6 SARASOTA, FL 34243

SUBJECT: W123 LLC

Ref. Number: L21000098774

We have received your document for W123 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In order to file an amendment, the entity name has to be in our records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham **OPS**

Letter Number: 221A00010290

COVER LETTER

Division of Corporations	
SUBJECT: abchardresser UC	
Name of Lin	nited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	omitted for filing.
Please return all correspondence concerning this matter	to the following:
Cynthia	Name of Person JM LLC Firm/Company
<u> Carring N</u>	JM LLC Firm/Company
	Tamanutral Sute Els Address
Sora	SCHAFL 34243 City/State and Zip Code
E-mail address:	City/State and Zip Code Conduct Condu
For further information concerning this matter, please of	call:
Contra Daires Name of Person	at (505) 819 0019 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
■ \$25.00 Filing Fee	□ \$55.00 Filing Fee & □ \$60.00 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
Tananassee, FL 32314	Tallahassee, FL 32303

COVER LETTER

TO: Registration S Division of Co			
W123 LL0	•		
SUBJECT:			
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Cynthia Davies		
		Name of Person	
	Cindy's Florida LLC		
		Firm/Company	
	8051 N. Tamiami Trail Sui	te E6	
		Address	·
	Sarasota, FL 34243		
	cindy@cindysfloridallc.com	City/State and Zip Code	
	E-mail address: (t	o be used for future annual report not	ification)
	concerning this matter, please ca	dh:	
Cynthia Davies		505 819-0019	
Name	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	the following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
in ho			2021
Mailing Addre		Street Address:	rection Forations
Registration Division of 0		Registration Se Division of Co	rporations
P.O. Box 633	27	The Centre of	Tallahassee > 1
Tallahassee,	FL 32314	2415 N. Monro	Fallahassee De Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

W123 LLC				
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)			
The Articles of Organization for this Limited Liabilit Florida document number	ry Company were filed on March 1, 2021 and assigned and assigned			
This amendment is submitted to amend the following	y. -			
A. If amending name, <u>enter the new name of the</u>	limited liability company here:			
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	ODRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2			
B. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office address on our records, <u>enter the name of the new registere</u> :			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	City Zip Code Code			
New Registered Agent's Signature, if changing Regist	(/			
provisions of all statutes relative to the proper an accept the obligations of my position as registered	ent and agree to act in this capacity. I further agree comply with the complete performance of my duties, and I am familiar with and dagent as provided for in Chapter 605, F.S. Or. if this document is tered office address, I hereby confirm that the limited liability			

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
AMBR	abchairdresser IIc	1309 Coffeen Avenue, Suite 1200	
		Sheridan, WY 82801	□Remove
			CREMOVE
		 	■ Change
			Remove
			□Change
			□Add
			□Remove
			Change
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			□Remove
			
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ective date, if other the effective date is listed, the			o date of filing or more	than 90 days after fit		605.020
te: If the date inserted in terms of the date of the d			ble statutory filing r	equirements. this d	late will not be	listed a
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cord specifies a delayed	effective date, but	not an effective tin	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th day a	after the
s filed.					2021	1-2.2
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\int	mma le	Mas Hu	ch Kep		<u> </u>	1
	\ Signature o	if a member of author	rized representative of	a member	= -	