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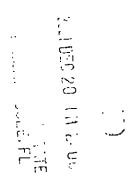
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A. BUTLER

JAN - 6 2022

COVER LETTER , ,
TO: Registration Section Division of Corporations
SUBJECT: Warford Enterprises 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:
Kristing Warford Name of Person
warford Enterprises, uc
14257 Bensbrook DY. Address
Spring Hill Fl 34609 City/State and Zip Code
Club Conct (Mutviton @ amail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
XVISHING WCVFGVd at (782) 4G5-31G8  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:

**Mailing Address:** 

\$\$ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

☐ \$30.00 Filing Fee &

Certificate of Status

Street Address:

☐ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

S60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 DEC 20 111 2- UC v Company as it now appears on our records.) Limited Etability Company) The Articles of Organization for this Limited Liability Company were filed on A Florida document number La This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) 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 Office Address: Enter Florida street address City

## 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 **Title** <u>Name</u> Address Type of Action KIMBERLY 7487 Alhambra C+ RAdd Spring Hill F1 34406 | Remove \_\_\_\_\_ □Change Jeffrey Warford 14257 Bensbruck Dr GADD MGR SAING HILL FL 341009 DARemove \_\_\_\_\_ Change □Remove \_\_ Change \_\_\_\_\_ 🗆 🗆 🗆 🗆 Add □Remove Change \_\_\_\_\_ 🗆 Remove \_\_ 🗆 Change

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Effectiv	ve date, if other than the date of filing:	
(If an effe	ve date, if other than the date of filing:	07 (3)(b)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.	is the
the record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	
ord is file	ed.	С
Dated	December 14 2021	
	Kusting) (1 Mr ~ )	
	Signature of a member or authorized representative of a member	
	Kristina war ford	
	Kristina Marfind	

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