L2100011107-9

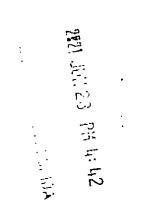
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COVER LETTER

	tration Sector on of Corp			•
E SUBJECT:	UELL BUS	INESS ENTERPRISES, LLC	2	•
SOBJECT: _		Name of Lim	ited Liability Company	
The enclosed A	articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return al	l correspon	dence concerning this matter	to the following:	
		TAYLOR CAMPBELL		
			Name of Person	
			Firm/Company	
		9244 W ATLANTIC BLV	D. #1222	
			Address	
		CORAL SPRINGS, FL 33	071	
			City/State and Zip Code	
			to be used for future annual report not	ification)
For further into	rmation coi	neerning this matter, please ca	all:	
TAYLOR CAN	MPBELL		954 376-9884 at ()	
- 1	Name of I	Person	Area Code Daytin	ne Telephone Number
Enclosed is a cl	neck for the	following amount:		
■ \$25.00 Fili	ng Fec	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ng Address:		Street Address:	
	stration So	ection	Registration So	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EUELL BUSINESS ENTERPRISES, LLC	
(<u>Name of the Limited Liability Company as i</u> (A Florida Limited Liability	t now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were Florida document number L21000111079	filed on $\frac{0.3/0.8/2.021}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liability c</u>	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	, c
	. 28
Enter new mailing address, if applicable:	<u> </u>
	. ::
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	ss on our records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida
	ity 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 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
AMBR	TAYLOR CAMPBELL	9244 W ATLANTIC BLVD, #1222	≣ Add
		CORAL SPRINGS, FL 33071	□Remove
			Change
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te: If the date inserted in th	the date of filing: e must be specific and cannot be price block does not meet the applicate Department of State's record	icable statutory filing		ing.) Pursuant to 605.0.
ccord specifies a delayed eff is filed.	ective date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
JUNE 15	2021			
	P n			

Filing Fee: \$25.00