## L21 000 125861

(Requestor's Name)	
	ĺ
(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:	
	-

Office Use Only



500363047285

04/01/21--01014--021 \*\*25.00

© =1! ED

S.C

## COVER LETTER

TO: Registration Sect Division of Corpo				
SUBJECT: WC+C	n Groundz	LLC		
WORKER WOLLE	Name of Lim	ited Liability Company		
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	JUNICE L RO	Name of Person		
	Watch Gai	Sirm/Company	·	
	5686 Elmh	Address Address	A 306	
	Oviedo F	City/State and Zip Code	165	
	Wotch Gow E-mail address: (	to be used for fullire annual report noti	fication)	
For further information con	cerning this matter, please ca	all:		
Jonior L R	erson	at (AO2) (o(c.4) Area Code Daytim	2556 e Telephone Number	_
Enclosed is a check for the	following amount:			©)
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy)	Foes- Status & oy ! is enclosed)
Mailing Address: Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	porations	Street Address: Registration Seconds of Core The Centre of Tallahassee, FL	porations fallahassee e Street, Suite 810	1: 21

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Limited I (A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number <u>L&amp;1000125861</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the a	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 a	address on our records, enter the nai	(∕) ne dEthe new register
agent and/or the new registered office address here:	,	<u></u>
		APR -
Name of New Registered Agent:		
New Registered Office Address:		ם ס
	Enter Florida street address	1: 2
	, Florida	
<del></del>	City	Zip Code

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

World Gawdz LLC

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Ambr	Juniot L. Romay or		□Add
			□Remove
		5686 Elmhors + Cir Apt 306 avie	do,FISChange
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			Change
			□Remove
			□Change
			🗆 Add
			□Remove Ø
			E Change 7
			□ Add □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
			□Change
			□Add
			□Remove
			FI Change

An	incort	:ection	was	made	when	2	iling	01
3-17	- RI. I	Jonios	- L. Ro	mory i	or om	t/	he A	MBR
				LLC				
				_				
CNC	uch-	my-	37000	70 c	<u> </u>	<u> </u>		747 (0)
			<del></del>		<del></del>	<del></del> .		
	· · · · · · · · · · · · · · · · · · ·		<del>-</del>					
			•		<u> </u>			
				<del></del>				
					_			
							<b></b>	
					<u>.                                    </u>			
		-						
tive date	if other th	an the date o	f filing:			(	optional)	21
Tective dat	e is listed, the d	late must be spec	ific and cannot	be prior to date of applicable stat	filing or more t	han 90 day	s after filing	.) Purs <del>uan</del> t to 60
		the Departme			atory ming re-	quirement		20
rd specifi iled.	es a delayed e	effective date, b	out not an effe	ective time, at 11	2:01 a.m. on th	ne earlier	of: (b) -Th	ne 90th day afte
nea.							===,	<del> </del> : 2
Ma	rch	89	R	ORI.			٠.	
·	1	, (		<del></del>				
	<del>\</del>	1		or authorized rep	enomentias of a	manha		<u> </u>
	(/ '	Signatu	ic of a member	or aumorized rep	resemante of a	псинет		

Filing Fee: \$25.00