## 121000138220

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(5.5) 5.5 5.5 7.
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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11/15/21--01033--004 \*\*25.00



A. BUTLER DEC 4 2021

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

	WIDE ENTERPRISE LLC
(Name of the Limited	Liability Company as it now appears on our records.)  Florida Limited Liability Company2021 HOV 15 AM 10: 13
	bility Company were filed on $\frac{3/34/21/874.17}{1/41.1}$ and assigned
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of t	he limited liability company here:
The new name must be distinguishable and contain the wor	ds "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ble:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office address on our records, <u>enter the name of the new registe</u> here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida  City 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 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
VP	KIYUNII J KENDRICK	21221 NW 14T PLACE 323	□Add
		KIYUNII J KENDRICK	Remove
		<del></del>	
		□Add	
			□Remove
			□Change
			□ Add
			Remove
			□ Add
			□Remove
		-	□ Change
		-	□Add
		<del></del>	□ Remove
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			□Change

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(If an effective Note: 1	e date, if other than the date of filing:  (optional)  tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(  f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
he record ord is file	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 d.
Dated _	OCTOBER 29 2021
	Signature of a member or authorized representative of a member
	THEODIS KENDRICK
	Typed or printed name of signee