# L21000157027

(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
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Special Instructions to	Filing Officer:	
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Division of Corporations

June 21, 2021

MONICA PEREZ 2813 EXECUTIVE PARK DR WESTON, FL 33331

SUBJECT: LIMEWISE LLC Ref. Number: L21000157027

We have received your document for LIMEWISE LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$30.00.

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.

Tekayla T Matthews OPS

Letter Number: 421A00013892

#### TO: Registration Section Division of Corporations LIMEWISE LLC SUBJECT: Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for tiling.

Please return all correspondence concerning this matter to the following:

-	Name of Person
SLIACCOUNTING	SERVICES LLC
	Firm/Company
2813 Executive Park	Dr
	Address
Weston Fl. 33331	
····	City/State and Zip Code
nonica.perez@taxeart	rine.com
E-mail add	ress: (to be used for future annual report notification)

For further information con-

MONICA PEREZ	786	259 4259
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Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee
- **■** \$30.00 Filing Fee & Certificate of Status
- ☐ \$55.00 Filling Fee & Centited Copy (additional capy 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 Tallahassee, FL 32303

### TO ARTICLES OF ORGANIZATION OF

LIMEWISE LLC 21 AUG 31 PH 3: 26

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lia	ibility Company	were filed on $\frac{04/05/2021}{}$	and assigned
Florida document number 1.21000157027	<del>-</del>		
This amendment is submitted to amend the following	wing:		
A. If amending name, enter the new name of	the limited liabi	ility company here;	
The new name must be distinguishable and contain the we	ords "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ible:	410 evernia street apartme	ent 331
(Principal office address MUST BE A STREET		West Palm Beach FL 333	04
Enter new mailing address, if applicable:		410 evernia street apartm	ent 331
(Mailing address MAY BE A POST OFFICE E	<u> </u>	West Palm Beach Fl. 333	04
B. If amending the registered agent and/or reagent and/or the new registered office address		address on our records, <u>e</u>	nter the name of the new registe
Name of New Registered Agent:	SLI ACCOUNT	FING SERVICES LLC	
New Registered Office Address:	2813 Executive	Park Dr	
		Enter Florida street e	uddress
	Weston		, Florida <sup>33331</sup>
		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 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

## or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address 21 AUG 31 PET 3	Type of Action
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		MEDELLIN, AN 05002-1 CO	≅Remove
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MGR	SAMUEL VELEZ	CALLE 15C SUR #29C-221	🗆 Add
		MEDELLIN, AN 05002-1 CO	Remove
			□Change
MMGR	MMGR SARA GOMEZ	CALLE 15C SUR #29C-221	≣Add
		MEDELLIN, AN 5002-1 CO	Remove
			□Change
MMGR	MMGR SAMUEL VELEZ	CALLE 15C SUR #29C-221	
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Effective date, if other than the date of fit if an effective date is listed, the date must be specific Note: If the date inserted in this block does not	iting:
document's effective date on the Department (	
record specifies a delayed effective date, but d is filed.	not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
Dated April 29	2021
	of a member or authorized representative of a member
Samuel	1 Vélez Palacio Typed or printed name of signee
	Typed or printed name of signee