## LZ1000188353

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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## **COVER LETTER**

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	Registration Se Division of Co				
C 1 1 1 1 1 1 2 2		MOUS LLC			
SUBJEC	T:	Name of Lim	ited Liability Company	. <u>-</u>	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		Sandra Gonzalez			
			Name of Person		<del></del>
		SG Tax Wise Corp			
			Firm/Company		
		119 Hamilton Ter			
Name of Limited Liability Company					
		Wellington, FL 33414			
			City/State and Zip Code		
For furthe	er information c			report notification)	ζ <sup>7</sup> ,
Sandra G	ionzalez			3-5495	 1021 HJ
	Name o	of Person		Daytime Telephor	ne Number
Enclosed	is a check for the	he following amount:			≥ 5
<b>■</b> \$25.0	00 Filing Fee		Certified Copy		Certificate of <del>St</del> atus &
Division of Corporations			_	n of Corporation	าร
	P.O. Box 632			ntre of Tallahass	
	Tallahassee, I	FL 32314	2415 N	. Monroe Street.	Sinte 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOMONYMOUS LLC (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 Liability Company were filed on April 20, 2021 and assigned Florida document number L21000188353 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1310 W. Central Blvd, Suite 2 Enter new principal offices address, if applicable: Orlando, FL 32805 (Principal office address MUST BE A STREET ADDRESS) 1310 W. Central Blvd, Suite 2 Enter new mailing address, if applicable: Orlando, FL 32805 (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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address  $\triangleright$ 

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.

City

Florida:

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
MGR	Sandra Gonzalez	119 Hamilton Terrace	<b>=</b> Add
		Wellington, FL 33414	□Remove
			☐ Change
			□Add
			□Remove
			Change
<del></del>			□Add
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				2/1/21
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ctive date, if other than the date	of filing:		(optional)	2 L
effective date is listed, the date must be specified. If the date inserted in this block diment's effective date on the Department.	oes not meet the applicabl			
ord specifies a delayed effective date filed.	e, but not an effective time	e, at 12:01 a.m. on the	carlier of: (b) The 9	00th day after
nd May 12	2021			
- Nouvell Signa	Oezawa	W		
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Filing Fee: \$25.00