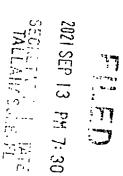


(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nan	ne)
(Docu	ment Number)	
(DOCU:	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	







OF RETUCE

COVER LETTER

TO: Registration So Division of Cor				
T. Warren SUBJECT:	Enterprises LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Quinedlyn Willis			
		Name of Person		
		Firm/Company		
	3533 Talisman Dr			
		Address		
	Middleburg, FL 32068			
		City/State and Zip Code		
	twarrenenterprisesllc@gma		က္က	20
	E-mail address: (to be used for future annual report notification	m) 25 C	21 8
For further information c	oncerning this matter, please c	all:	LAHAS	2021 SEP 13
UReda'T Buchanan		352 3286024 at ()	<u> </u>	
Name o	f Person	Area Code Daytime Tele	ephone Number [77]	PH 7: 30
Enclosed is a check for the	he following amount:		f ;	0
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is en	tus &
Mailing Addres Registration S		<u>Street Address:</u> Registration Section		
Division of C		Division of Comore		

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

1 Warren Enterprises LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for the Organ		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
		202 SET.
		SE J
Enter new mailing address, if applicable:		D 7
(Mailing address MAY BE A POST OFFICE BOX)		SS S ST
		FE 3
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ce address on our records, enter the i	
Name of New Registered Agent:	<u>-</u>	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	l <u> </u>
	City	Zin 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>	Address	Type of Action
MGR	UReda'T Buchanan	1019 NW 6th Ave	□ Add
		Gainesville, FL 32601	■Remove
AMBR	Geraldine Byrd	3533 Talisman Drive	
		Middleburg, FL 32068	□Remove
			■ Change
	_		□Add
			Remove
			Add 77
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Affective date, if other than the fan effective date is listed, the date mote: If the date inserted in this document's effective date on the	nust be specific an block does not	id cannot be prior t meet the applica	o date of filing or i	nore than 90 days aft	t ional) er filing.) Pursuan iis date will not	t to 605.0207 (be listed as t
record specifies a delayed effect d is filed.	tive date, but no	ot an effective tir	ne, at 12:01 a.m	on the earlier of: (b) The 90th da	ay after the
June 19 Dated		2021				
PLD V	7	•	_			
UNDEST (SUL			rized representativ			

Typed or printed name of signee