# LZ1000235658

| (Requestor's Name)                      |
|-----------------------------------------|
| (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: |
|                                         |
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|                                         |

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## **COVER LETTER**

| TO: Registration S<br>Division of Co |                                                 |                                                                     |                                                                                            |
|--------------------------------------|-------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| SUBJECT:                             | Stainable Name of Lim                           | Financial Solution of Liability Company                             | uns uc                                                                                     |
| The enclosed Articles of             | Amendment and fee(s) are sub                    | omitted for filling.                                                |                                                                                            |
| Please return all corresp            | ondence concerning this matter                  | to the following:                                                   |                                                                                            |
|                                      | Muniq                                           | Name of Person                                                      |                                                                                            |
|                                      | <del></del>                                     | Firm/Company                                                        |                                                                                            |
|                                      | <u> </u>                                        | 6 Inspiralant                                                       | e Unit 2301                                                                                |
|                                      | Nipi                                            | 165 FL 34113<br>City/State and Zip Code                             | <del></del>                                                                                |
|                                      | MONITURE. E-mail address: (                     | DUXENS COMEY to be used for future annual report not                | CbW (iteation)                                                                             |
| For further information of           | concerning this matter, please co               | all:                                                                |                                                                                            |
| MONI QUE                             | e Duens                                         | at ( <u>413</u> ) <u>204</u><br>Area Code Daytim                    | - 2070<br>ne Telephone Number                                                              |
| Enclosed is a check for t            | he following amount:                            |                                                                     |                                                                                            |
| №\$25.00 Filing Fee                  | ☐ \$30.00 Filing Fee &<br>Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| DUSTUMBLE Transal                                                                                                   | SULTIONS                                                            |
|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| (Name of the Limited Liability Compa<br>(A Florida Limited I                                                        | Liability Company)                                                  |
| The Articles of Organization for this Limited Liability Company                                                     | were filed on May 70, 2021 and assigned                             |
| Florida document number <u>L 21 000235658</u> .                                                                     |                                                                     |
| This amendment is submitted to amend the following:                                                                 |                                                                     |
| A. If amending name, enter the new name of the limited liab                                                         | sility company here:                                                |
| The new name must be distinguishable and contain the words "Limited Liabil                                          | lity Company," the designation "L.L.C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:                                                                 | 2272 AMPORT Rd S                                                    |
| (Principal office address MUST BE A STREET ADDRESS)                                                                 | STE 202                                                             |
|                                                                                                                     | 2272 Airport 72d S<br>STE 202<br>Naple, FL 34112                    |
| 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 agent and/or the new registered office address here: | address on our records, <u>enter the name of the new registere</u>  |
| 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 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> | Name          | Address                                            | Type of Action |
|--------------|---------------|----------------------------------------------------|----------------|
| AMBR         | Monique Owens | 7436 Inspira Lane                                  | DAdd           |
|              | 1             | Unit 2301                                          | []Remove       |
|              |               | 7436 Inspira Lane<br>Unit 2301<br>Naples, FL 34113 | []Change       |
|              |               |                                                    |                |
|              |               |                                                    | □Remove        |
|              |               |                                                    | □Change        |
| <del></del>  |               |                                                    | □Add           |
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|              |               |                                                    | □Change        |
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|              |               |                                                    | ☐ Change       |
| <del></del>  |               |                                                    | ⊡Add           |
|              |               |                                                    | □Remove        |
|              |               |                                                    | []Change       |

| Effective date, if other than the date of filing:  fan effective date, if other than the date of filing:  fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Parsannt to 605 0207  Note:  If the date inserted in this block does not neet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records.  The record 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 dis filed.  Dated  Application of authorized representative of a member.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | •                                                                                                                                                                                                                                               |                          |
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| Dated Mrs. 25th 2021.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filin<br>Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat | ig.) Pursuant to 605.020 |
| Signature of a member or authorized representative of a member                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                 | The 90th day after the   |
| Signature of a member or authorized representative of a member                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Dated WKIX 25th 0 2021                                                                                                                                                                                                                          | - <del>-</del>           |
| Still aftire of a frember or authorized representative of a member                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                 | <u>-</u>                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Might                                                                                                                                                                                                                                           |                          |

Filing Fee: \$25.00