K21000 299310

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		Wholes

Office Use Only



900368902769

RECEIVED

14 5 FIV 9-1-1. Past

COVER LETTER

TO:

TO: Registration Division of C	s Section Corporations
	nith LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles	of Amendment and fee(s) are submitted for filing.
Please return all corre	espondence concerning this matter to the following:
	Gxiana McQueen
	Name of Person
	g'Narde Endeavors
	Firm/Company
	200-20 Linden Blvd
	Address
	St. Albans, NY
	City/State and Zip Code gxianabianca@gmail.com E-mail address: (to be used for future annual report notification)
For further information	on concerning this matter, please call:
Gxiana McQueen	786 539-6267
Nan	ne of Person Area Code Daytime Telephone Number
Enclosed is a check for	or the following amount:
S25.00 Filing Fed This for With the p We will for	Solutional copy is enclosed) Solutional copy is enclosed)
Mailing Ado Registration Division o P.O. Box 6	dress: On Section of Corporations Street Address: Registration Section Division of Corporations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LSW Smit			_
(Name of the Limited Liability Compan (A Florida Limited Lia	y as it now appears (ability Company)	on our records.)	·
The Articles of Organization for this Limited Liability Company w	vere filed on	06-29-2021	and assigned
Florida document numberL21000299310			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here	2:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the des	ignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
		·	- 13
			(F
Enter new mailing address, if applicable:			<u>.</u>
(Mailing address MAY BE A POST OFFICE BOX)			
		<u> </u>	.s
			 - <u></u>
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ldress on our rec	ords, <u>enter the nam</u>	e of the new regis
Name of New Registered Agent:			
New Registered Office Address:	Enter Florid	a street address	
		Plants-	
	City	, Florida	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>	<u>Name</u>	<u>Address</u>	Type of Action
CEO	Dyron R. Smith	1340 NW 100 TERRACE MIAMI, FL 33147	= Add
			□Remove
			□Change
			🗆 Add
			□Remove
			[] Change
			Add
			Remove
<u></u>			Change ♀ L Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

				
				
		<u></u>		
-				
				
				
				<u></u>
				
				-
: If the date	f other than the date of files listed, the date must be specific a inserted in this block does no tive date on the Department o	ot meet the applicable sta	of filing or more than 90 days aff atutory filing requirements, the	tional) der filing.) Pursuant to 605.02 his date will not be listed
ord specifies filed.	a delayed effective date, but r	not an effective time, at	12:01 a.m. on the earlier of:	(b) The 90th day after the
d	August 24			
			epresentative of a member	