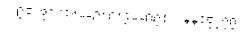
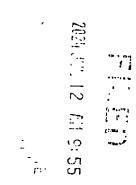


(Requestor's Name)
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PICK-UP WAIT MAIL
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Special Instructions to Filing Officer:
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Office Use Only









COVER LETTER

TO: Registration Se Division of Cor			
CUBICCT.	IEW EN	renprise LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Venda Wilson Name of Person	
		Name of Person	
		TEW Enteronse 1	16,
		IEW Enterprise L	
	0	01 0 1 1 1 1	
		197 Ruby Lake Ln	
	h	City/State and Zip Code CRUA 43 D Lw Im at to be used for future annual report notion.	33884
	10	City/State and Zip Code	·1
	E-mail address: (to be used for future annual report noti	11. WM
For further information co	oncerning this matter, please ca		•
ra futuer mornation e	-		
Nu	da Wilsm	at (863) 287 3	098
Name o		Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
☑ \$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 Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	etion
Registration S Division of C		Registration Section Division of Corporations	
P.O. Box 632	7	The Centre of T	Fallahassee
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IEW Er	MERPRISE ILC 2001
(Name of the Limited Liability C (A Florida Lin	TELPRISE LLC 2004 11. Company as it now appears on our records.) Miles Liability Company) Company 2: 55
The Articles of Organization for this Limited Liability Com	ipany were filed on and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words "Limited	I Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
Maning dadress MAT BE A POST OFFICE BOX	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the name of the new registered</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 Changing Registered Agent, Signature of New Registered Agent

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 **Type of Action Title** Name Address Vory Wilson L, SR 287 Ruby Laker DAdd Wirter Haven, FL 33884 DRemove _____ Change ______ □Remove _____ 🔲 🔲 Remove _____ □Change □Change

□Add

_____ □Remove

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-	
	
•	
•	
f an ef <u>Note:</u>	ive date, if other than the date of filing: S 19 2024 (optional)
record is fi	d 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 led.
	7/9 2024
Dated	
Dated	Signature of a member or authorized representative of a member



June 10, 2024

NERIDA R WILSON 287 RUBY LAKE LANE WINTER HAVEN, FL 33884

SUBJECT: IEW ENTERPRISE LLC

Ref. Number: L21000320122

We have received your document for IEW ENTERPRISE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

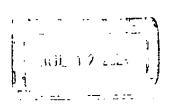
We are enclosing the proper form(s) with instructions for your convenience.

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.

Letter Number: 524A00012532

Anissa Butler Regulatory Specialist II



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