L21000333437

(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:
Do not file the amendment
that was sent in the
marl.
JAN 2 3 2023

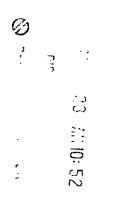
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Z023 JAN 23 AN II: Q4 SECRETARY OF SECRETARY

01/23/23--01001--019 **60.00



COVER LETTER

): Registration Section Division of Corporations
BJECT: Affinity Wandy UC Name of Limited Liability Company
enclosed Articles of Amendment and fee(s) are submitted for filing. (se return all correspondence concerning this matter to the following:
Wendy Moderal Dwis
Firm/Company
10621 Fairment Street
MOVERYE, FL 37544 City/State and Zip Code PLANTY House Keeping a Maril com E-mail address: (to be used for future annual four notification)
E-mail address: (to be used for future annual legan nonfication) (urther information concerning this matter, please call:
Western Danis at (950), 814-8855 Area Code Daytime Telephone Number
. Absed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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

Affinity Wendy . We

2023 JAN 23 AH !!: 04

Affinity 1 leno	ly, le	SECRETARY OF SIL.
(<u>Name of the Limited Liability Compa</u> (A Fiorida Limited	nvas it now appears on our liability Company)	records.)
Articles of Organization for this Limited Liability Company rida document number	were filed on <u>23 Tä</u>	n 2023 and assigned
: is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab Affinity House Keeping Service we name must be distinguishable and contain the words "Limited Liabi	es ucc	
tter new principal offices address, if applicable: vincipal office address MUST BE A STREET ADDRESS)	Neverre,	wont Street FL 32564
tter new mailing address, if applicable: Lailing address MAY BE A POST OFFICE BOX)	P. O. Box Navarre	5766, FL 32564
If amending the registered agent and/or registered office and/or the new registered office address here:	iddress on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		, Florida Zin Code
	Civ	Zip Code

w Registered Agent's Signature, if changing Registered Agent:

creby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is mg filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability pany has been notified in writing of this change.

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added removed from our records:

GR = Manager vIBR = Authorized Member

<u>!le</u>	<u>Name</u>	Address	Type of Action
NBR	Dennis J. Davis, Jr.	6621 Fairmont Street	CD_vald
		Noverre, Fr 32566	□Remove
			□Change
			🗆 Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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effective date is li e: If the date in	other than the date of isted, the date must be spec- iserted in this block does be date on the Departme	ific and cann s not meet	the applicab		more than 90 day		
cord specifies a (s filed.	delayed effective date, b	out not an e	ffective time	e, at 12:01 a.n	a, on the carlier	of: (b) The 90	Oth day after the
ed JANUA	Ry 23rd	·	2023 				
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	Wendy	e of a memt			ve of a member		

Filing Fee: \$25.00