121 CCC 351415

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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12/07/21--01014--010 **25.00



COVER LETTER

TO: Registration Section

Divi	sion of Co	rporations			
	Aware Fin	ancial LLC			
SUBJECT:		Name of Lin	nited Liability Company	111 x x x x x x x x x x x x x x x x x x	
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Costa Yenidounia			
			Name of Person		
		Aware Financial Group L	LC		
			Firm/Company		
		7668 Kings Ride			
			Address		
		Boynton Beach, FL 33436	;		
			City/State and Zip Code		
		xywealth@gmail.com			
For further int	formation c	n-mail address; (to be used for future annual repo- all:	rt notification)	
Costa Yenido			954 592798	:0	
-	Name o	f Person	at () Area Code D	aytime Telephone Number	
	rune o	. Telwa	mea code 17	ayıme retepione Number	
Enclosed is a	check for th	ne following amount:			
■ \$ 25.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certified C	of Status &
	ing Addres		Street Addre		
Registration Section Division of Corporations			Registration Section Division of Corporations		
P.O.	Box 632	7	The Centre	of Tallahassee	
Talla	ahassee. I	FL 32314	2415 N. Mo	onroe Street, Suite 810)

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 DEC -7 AM 8: 01

	SECRETARY OF STATE	
ny as it now appears on our reco liability Company)	Prof.	
were filed on 08/04/2021	and assigned	
lity company here:		
ity Company," the designation "Ll	.C" or the abbreviation "L.L.C."	
7668 Kings Ride		
Boynton Beach FL 33436		
7668 Kings ride		
Boynton Beach FL 33436		
eddress on our records, <u>ente</u>	er the name of the new regist	
Enter Florida street addr	ress	
	Florida	
1	Boynton Beach FL 33436 7668 Kings ride Boynton Beach FL 33436 address on our records, enterprise and the street additional actions and the street additional actions are additional actions.	

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

Title	Name	Address	Type of Action
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			□Change
		<u> </u>	□Remove
			□Change
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			□ Change

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ective date, if other than the confective date is listed, the date must te: If the date inserted in this blocument's effective date on the Department.	K does not meet b	applicable statut	ling or more than 90 da ory filing requiremen	(optional) ys after filing.) Pursuant to its, this date will not be	5 605,01 Elisted
cord specifies a delayed effective s filed.	date, but not an eff	ective time, at 12:0)1 a.m. on the carlier	of. (b) The 90th day	after t
December 3rd	202	21			
72	· •=-	,	sentative of a member	_	_
					-

Filing Fee: \$25.00