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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	LW	/I SANKOFA, LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
	ndence concerning this matter				
		Sonia Becerra			
		Name of Person	<u>. </u>		
		Swyft Filings			
		Firm/Company			
	3 Greenway Plaza #1320				
		Address			
		Houston, TX 77046			
		City/State and Zip Code			
	•	sellemathews@gmail.com			
		to be used for future annual report no	(itication)		
For further information c	oncerning this matter, please c	all:			
Sonia Becerra		_ at ()	0450		
Name o	f Person	Area Code Daytii	me Telephone Number		
Enclosed is a check for the	ne following amount:				
S \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres Registration S		Street Address: Registration S			
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
Tallahassee, I		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Li (A.F.	EWI SANKOFA, LLC ability Company as it now appear forida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liabili		08/06/2021	and assigned
This amendment is submitted to amend the followin	ह:		
A. If amending name, enter the new name of the	limited liability company he	<u>re</u> :	
N A The new name must be distinguishable and contain the words			-
Fhe new name must be distinguishable and contain the words			
Enter new principal offices address, if applicable	: <u>NA</u>		
(Principal office address MUST BE A STREET A			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
			.,,,,
B. If amending the registered agent and/or registagent and/or the new registered office address he		ecords, <u>enter the nar</u>	ne of the new registered
Name of New Registered Agent:	NA		2021 00
New Registered Office Address:	Enter Flor	rida street address	<u> </u>
_			Zipt ode
New Registered Agent's Signature, if changing Regis	City stered Agent:		Zip Code

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Jeselle Mathews	1601-1 N MAIN ST #3159	🗀 Add
		JACKSONVILLE, FL 32206	XRemove
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			🗆 ^dd
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
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an effecti ote: If t	date, if other than the ve date is listed, the date mus he date inserted in this bl 's effective date on the D	it be specific and ca ock does not med	innot be prior to out the applicable	date of filing or more e statutory filing	(option of the control of the contro	filing.) Pursuant to 60:	5.0207 (ted as t
is filed.							er the
ated	October 7 Shomas 3	<u>.</u>	2021				
Y	Shomas 3	illem					
		Signature of a med	mber or authoriz	ed representative o	f a member		