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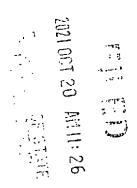
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A. BUTLER OCT 29 2021

## **COVER LETTER**

TO:

	Registration Sec Division of Corp			**
	Strykvron L	LC		
SUBJECT	r:	Name of Limi	ited Liability Company	<del></del>
The enclos	sed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	ırn all correspor	ndence concerning this matter	to the following:	
		Michael Walding Jr.		
			Name of Person	
		QWNTM Services LLC		
			Firm/Company	<del></del>
		PO Box 991		
			Address	
		Thayne, WY 83127		
		info@qwntmservicesllc.com		<del></del>
For furthe	r information co	E-mail address: (oncerning this matter, please ca	to be used for future annual report notification)  all:	
Michael \	Walding Jr.		307 275-7806	
	Name of	Person	Area Code Daytime Telephone?	Number
Enclosed i	is a check for th	e following amount:		
<b>■</b> \$25.0	0 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Co (additional copy is enclosed) Co	0.00 Filing Fee. ertificate of Status & ertified Copy Iditional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		section orporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	•
	Tallahassee, I		2415 N. Monroe Street, S Tallahassee, FL 32303	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) Strykvron LLC The Articles of Organization for this Limited Liability Company were filed on  $\frac{08/12/2021}{}$ Florida document number \_\_\_\_\_L21000362391 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

## 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.

City

Enter Florida street address

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>	Address	Type of Action
AMBR	Michael Walding Jr.	14261 SW 120TH ST. #103	
		MIAMI, FL 33186	
			□Change
AR Moneymaker Latam LLC	Moneymaker Latam LLC	14261 SW 120TH ST. #103	■Add
		MIAMI. FL 33186	□Remove
			□ Change
<del></del>			□Add
			Remove
			☐Change
<u></u>			
			□Remove
			□ Change
			□ Add
			□Remove
			Change
			□Remove
			□Change

	N-1-2		
·····			
	<del></del>		
Effective date, if other than the (If an effective date is listed, the date must note: If the date inserted in this bedocument's effective date on the I	ist be specific and cannot be prior to dolock does not meet the applicable		filing.) Pursuant to 605.0207 (.
e record specifies a delayed effecti rd is filed.	ve date, but not an effective time,	at 12:01 a.m. on the earlier of: (b	) The 90th day after the
October 19 Dated	2021		
<u></u>	1 Chac Wald Signature of a member or authorize	d representative of a member	
Michael Walding Jr.		•	
	Typed or printed n	ame of sionee	<del></del>