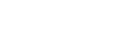
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2021 OCT 20 PH 3: 5

A. BUTLER OCT 28 2021



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10/20/21--01015--013 **225.00

COVER LETTER

TO:		of Corporations	
CHD IE		merce LLC	
SUBJE	_		
The enc	losed Arti	icles of Amendment and fee(s) are submitted for filing.	
Please n	eturn all c	correspondence concerning this matter to the following:	
		Michael Walding Jr.	
		Name of Person	
		QWNTM Services LLC	
		Firm/Company	
		PO Box 991	
		Address	
		Thayne, WY 83127	
		City/State and Zip Code	
		info@qwntmserviceslle.com E-mail address: (to be used for future annual report notification)	_
For furt	her inform	nation concerning this matter, please call:	
Michae	l Walding	g Jr. 307 275-7806 at ()	
		Name of Person Area Code Daytime Telephone Num	nber
Enclose	d is a chec	ck for the following amount:	
■ \$2 5	.00 Filing	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	D Filing Fee. ficate of Status & fied Copy onal 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 OF

FIED

Delmerce LLC		and not no DM O. E.I
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on la Limited Liability Company)	ohr records.) 20 Fit 5: 5:1
The Articles of Organization for this Limited Liability (Florida document number L21000370121	Company were filed on 08/18/2	2021 FALL STATE and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
-		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our recor	ds, <u>enter the name of the new registere</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	rvet 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 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
AMBR	Michael Walding Jr.	1931 CORDOVA ROAD	□Add
		FORT LAUDERDALE, FL 33316	≅ Remove
			□ Change
AR	Moneymaker Latam LLC	1931 CORDOVA ROAD	⊞ Add
		FORT LAUDERDALE, FL 33316	
			□Change
,			□Add
			□Remove
			□Change
			□Remove
			□Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Remove
		<u></u>	Change
			□Add
			□Remove
			Fichanas

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	October 19	2021			
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