K21 (CO 422703

(Requestor's Name)	
(Address)	
(Address)	2
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
wrong form	

Office Use Only



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COVER LETTER

l O: Registration Se Division of Cor					
SUBJECT:	AWF BUSINE Name of Limi	TSS CONSULTIA ited Liability Company	16 LIC		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	A MOR	Name of Person			
	AW.	Firm/Company	WS01-71 NG	LLC	
	88.51 FMERS	Address			
	SPFSLOE	FZ. 3315 City/State and Zip Code	.4		
		HEAN WEALTH B Colleto be used for future annual report no	44	~	
 For further information c	concerning this matter, please co	ull:		922 J	en iv
ANTONIO RA	AMIREZ of Person	at (<u>786</u>) <u>906 4</u> Area Code Daytii	175 ne Telephone Number	1022 JAN 20 PM 12:	100000 100000 100000 100000 100000 100000
Enclosed is a check for t	he following amount:			1 2 2	
☑ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	Certified	e of Status &	

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



RECEIVED

2022 JAN 20 AM 10: 23

FLORIDA DEPARTMENT OF STATE Division of Corporations

TALLAHASSEE, FL

December 20, 2021

ANTONIO RAMIREZ AWF BUSINESS CONSULTING 8851 EMERSON AVE SURFSIDE, FL 33154

SUBJECT: AWF BUSINESS CONSULTING LLC

Ref. Number: L21000422703

We have received your document for AWF BUSINESS CONSULTING LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a General Partnership, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

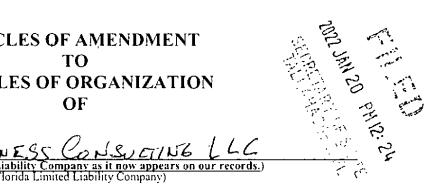
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 621A00030710

Diane Cushing Senior Section Administrator

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



The Articles of Organization for this Limited Liability Com	pany were filed on 67/24/2021 and assigned
	pany were fried onOTT 241 202 and assigned
Florida document number <u>L210000422103</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
AMERICAN WEACH FUNDING T	BUSINESS CONSULTING LLC. Liability Company," the designation "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
 Enter new principal offices address, if applicable:	20900 NE 30 ADE SUTIE 856
Principal office address MUST BE A STREET ADDRES	ISI AUENTURA FL 33/80
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
agent and/or the new registered office address here:	Thice address on our records, enter the name of the new registered AMIRES
New Registered Office Address: 209	OO BIE 3 AND SUITE 856 AND TOPAFL Enter Florida street address
	, Florida <u>33180</u> 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 Changing Registered Agent, Sign of New Registered Agent

MGR = Manager AMBR = Authorized Member				
<u>ïtle</u>	<u>Name</u>	Address	Type of Action	
A GR	HIGDON, YUNKSEIDIS	20900 NE 30 AVE ATHREA	□Add	
		20900 NE 30 AVE AVENTURA FL 33180	& Remove	
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<u>e:</u> If the date i	nserted in this block d	bes not meet the	e applicable statu	tory filing require	ments, this date wil	rsuam to 605.020 I not be listed a:
iment's effecti	ve date on the Departi	nent of State's	records.			
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ord specifies a filed.	i delayed effective date	, but not an effi	ective time, at 12	UI a.m. on the ea	rlier of: (b) The 90	Ith day after the
d AVENT	URA T-WAIO.	A . 01	10/2022			
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			Les	AND THE PERSON NAMED IN COLUMN TO PERSON NAM		
	Signa	ture of a member	or authorized for	esentative of a men	ber	-