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SECRETARY OF STATE

J DENNIS

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT:	LINA A WESUN Name of Lim	HE AGENT ENTEPRISE, LLC ited Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.			
Please return all correspond	dence concerning this matter	to the following:			
	Lina	Name of Person			
	LINA AL	NESUME AGENT ENTERPRISE, LL C			
	5621 ecolody	PST. HUNGINGEL, FL 33UZI			
		VUCKOL FT 33021 City/State and Zip Code			
	E-mail address: (to be used for future annual report notification)			
For further information co	ncerning this matter, please co				
Linca Navio		at (7916) 290 - 47-69 Area Code Daytime Telephone Number			
Enclosed is a check for the	following amount:				
▼ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			
Mailing Address: Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	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

Name of the Limited Liability (A Florida	A gent Enter Price (CC) y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L2 00045967</u>	ompany were filed on <u>OCLOWY QUDON</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limit	NEWAYTH LLC ted Liability Company, "the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR)	103 NE 2nd Are
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Co41 Oleander Dr. Plantation, Fl 33317
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: 103	3 NE 2NA DE Enter Florida street address
	1724 Beach Florida 33444 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

MCK -	branager	
AMBR =	Authorized Member	

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