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SECRETARY OF STATE
TALLAHASSEE FI

O SIMMONS APR 2 6 2022

COVER LETTER

TO:

Tallahassee, FL 32314

	stration Section of Corp		, .	
SUBJECT:	Alys	Sa Camille B Name of Limi	asco Williams (LLC ·
The enclosed	Articles of A	mendment and fee(s) are subr	mitted for filing.	
Please return	all correspon	dence concerning this matter t	to the following:	
		Aly	ISSA Williams Name of Person	
			Firm/Company	
		801 (W Bay by Suite	2 459
			90, FL 3377 (City/State and Zip Code Sawilliams & am so be used for future annual report position	
For further in	formation co	E-mail address: (t neerning this matter, please ca	-	cation)
<u>A</u> !	VSSA Name of	Williams	at (850) 771 - Area Code Daytime	8974 Telephone Number
Enclosed is a	check for the	following amount:		
S \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Div	ling Address distration Solision of Co ision 6327	ection rporations	Street Address: Registration Sectorial Division of Corporate The Centre of Talenta (1998)	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO

FILED ARTICLES OF ORGANIZATION

Alyssa Camille Basco Wilffern DE STATE

OF

2022 APR 11 PM 5: 49

(A Florida Limited	d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L21000529801</u> .	by were filed on $12/16/2021$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	801 W Bay Dr, Suite 459 Largo, Fl 33770
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	801 W Bay Dr. Suite 459 Largo, Fl 33770
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	<u> </u>
New Registered Office Address: 801	W Bay Dr. Suite 459 Ehter Florida street address
<u>L</u>	Argo, Florida 33770 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>	Address	Type of Action
	·		□Add
			□ Change
		-	□ Add
			□ Remove
			□ Change
			□Add
			□ Remove
			□Change
			□ Remove
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		□Change	
			□ Remove
			□ Change

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If an effective Note: If th	late, if other than the date of filing:
e record spe rd is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	April 7th 2022.
-	Signature of a member or authorized representative of a member
-	Alyssa Camille B. Williams Typed or printed name of signee