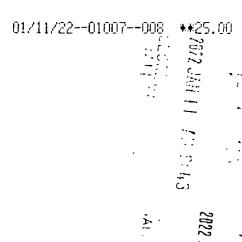
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COVER LETTER

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TO: Registration Section Division of Corpor			
SUBJECT: POWEY	CITCIC VISUALS Name of Limit	Pts UUC red Liability Company	
The enclosed Articles of Ame	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	nce concerning this matter t	o the following:	
	Marik A. H	Name of Person	
		Firm/Company	
	1281 Sandp	Address Riverdu	e, 64 30274
		City/State and Zip Code	
-	willing ham- m E-mail address: (1	atik ayahoo. c-m	ication)
For further information conc	erning this matter, please ca	dl:	
Matik William Name of Pe	y Wum rson	at (<u>\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	3631 Telephone Number
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional 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**

(Name of the Limited Liability (A Florida	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	mpany were filed on 1/3/22 and assigned
Florida document number <u>L2260000 9109</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new prime must be distinguishable and contain the words "Limi	ed Liability Company," the designation "L.L.C" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR)	<u> </u>
	1022
Enter new mailing address, if applicable:	<u> </u>
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:	office address on our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, FloridaZip Code
	Cite Zip Code

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, Signature of New Registered Agent

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	Malik Alrahim Willingham	7281 Sandpiper Way Kirudus	<u>,G</u> AEAdd
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fective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of filing o ote: If the date inserted in this block does not meet the applicable statutory fi	ir more than 90 days after filing.) Pursuant to 605 0 iling requirements, this date will not be listed
neument's effective date on the Department of State's records.	
The state of the s	on an the endine of the The Oath dury other
record specifies a delayed effective date, but not an effective time, at 12:01 a.i is filed.	in. on the carner of. (b) The 90th day after t
Music Mylly Signature of a member or authorized representati	
MANUE 30 MAN	

Filing Fee: \$25.00