K22000034946

(Requ	uestor's Name)
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	ime)
(Doct	ument Number	()
Certified Copies	Certificate	es of Status
Special Instructions to Fi	ling Officer:	
Q. \$	SILAS	
FEB	2 5 2022	

Office Use Only



800381724768

02/15/22--01010--007 **25.00



COVER LETTER

	ration Sec on of Corp			
	int Wiz, L	LC.		
SUBJECT: _	-	Name of Lim	ited Liability Company	
The enclosed A	rticles of A	amendment and fee(s) are sub	mitted for filing.	
Please return al	l correspon	dence concerning this matter	to the following:	
		Christian Lucca		
			Name of Person	
			Firm/Company	
		132 E. Colonial Dr. Suite	126	
			Address	
		Orlando, FL. 32801		
			City/State and Zip Code	
		support@customquickprints		
For further info	rmation co	E-mail address: (neerning this matter, please o	to be used for future annual report not all:	offication)
Christian Lucea	ì		407 982-9119	
	Name of	Person		ne Telephone Number
Enclosed is a ch	neck for the	following amount:		
≘ \$25.00 Fili	ng 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)
	g Address		Street Address:	antion
	tration Solion of Co	ection orporations	Registration Se Division of Co	
P.O. 1	Box 6327	,	The Centre of	
Tallal	hassee, F	L 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7 23.5 21 3 1

any as it now appears on our records.) Liability Company)
y were filed on 01/18/2022 and assigned
bility company here:
ility Company," the designation "LLC" or the abbreviation "L.L.C."
132 E. Colonial Dr. Suite 126
Orlando, FL. 32801
Same as above
address on our records, enter the name of the new register
Enter Florida street address
i

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.

City

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
			□Add
			□Remove
			Change
			□Add
			☐ Remove
			□Add
			□Remove
			☐ Change
			□Remove
			□Change
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ffective date, if other than the	date of filing:			(optional	١
an effective date is listed, the date mu lote: If the date inserted in this b	st be specific and can lock does not meet	the applicable s	of filing or more the atutory filing requ	an 90 days after filin	g.) Pursuant to 605.0207
ocument's effective date on the D	epartment of State	's records.			
record specifies a delayed effective is filed.	e date, but not an e	effective time, a	12:01 a.m. on the	e carlier of: (b) T	he 90th day after the
	3 (022			
February 2	۷.				
lated February 2	7	·			
Pated February 2)			
Pated February 2	Signature of a mem)	representative of a n	nember	

Filing Fee: \$25.00