# kar 000053602

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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### **COVER LETTER**

TO: Registration Section Division of Corpor			
SUBJECT: A NCH	DRING CR Name of Lim	ited Liability Company	
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	Jorge	C. OHiz	
		Name of Person	<del></del>
		Firm/Company	
	2200 NF	At Ave#501	
	<u>U</u>	Address	
	Miami	Address  FL 33131  City/State and Zip Code  O 2474 Cirry. Coto be used for future annual report notification.	
		City/State and Zip Code	
_	Joige 1015	<u>o 2474 @me.co</u>	)n^
	E-mail address: (	to be used for future annual report notif	fication)
For further information conc	erning this matter, please ca	all:	
Torge L.	DH12	at (166) 863 E	5356
Name of Pc	rson	Area Code Daytimo	e Telephone Number
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing 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)

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

FILED

The Articles of Organization for this Limited Liability Company were filed on Feb 1, 2022. Florida document number <u>L 2200053602</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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
MGR	WIGT US, LIC		□Add
	wigt bill	2200 NE 4th Aue # 504	Remove
		Miami, Fl 33137	□Change
MGR	ERRAND STORES, LLC	2200 NEATH AME #504 Miami, FL 33137 340 W Flagler St +132 Miami, FL 33130	(Add
		Hami, FC 33130	□Remove
			□ Change
	<del></del>		🗀 Add
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			□Change

	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an effective Note: If the	date, if other than the date of filing:
he record spord is filed.	
Dated	2-24 2022
Dalcu	3032.  Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Joyge L. Oy+12  Typed or printed name of signee

Filing Fee: \$25.00