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	Requestor's Name)
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(Document Number)
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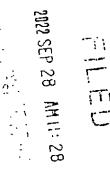
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COVER LETTER

ΓΟ: Registration Se Division of Cor				
SURJECT:	E SUNDO CAN	- -		
5016EC1	/ Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	ERE	e ROBLEDO		
		Name of Person		
		Firm/Company	illing. wing: OBLEDO of Person Company CR. DR ddress 2566 and Zip Code CR. GMAIL. Com r future annual report notification) 85p 292 3982 area Code Daytime Telephone Number O Filing Fee & ified Copy Certificate of Status &	
	2536 B	LUEWATER DR		
		Address		
	NAVARRE , F	7 32566		
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	SYNDICATE X E-mail address: (ORTATALE GMAIL. O	Com fication)	
For further information c	oncerning this matter, please c	all:		
EREC !	Rogieso	at (85%) 292	3982	
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for th	e following amount:		_	
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☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy	

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

	O1		0.0
(Name of the Limited	asticate.	262	2022 SEP 28 AM 11: 28
(A	Florida Limited Liability Con		
The Articles of Organization for this Limited Liab Florida document number	oility Company were filed	on 2/28/20	2 \ and assigned
Florida document number	, -		
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of t		any here:	
WITT SYNDICA	TE LLC		
The new name must be distinguishable and contain the work	ds "Limited Liability Company	," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>	- ,, ,	
B. If amending the registered agent and/or reg agent and/or the new registered office address		our records, enter the	name of the new registered
			
Name of New Registered Agent:	Eric	Robledo	
New Registered Office Address:	<u> 2536</u>	Bluwot ter Florida street address	or dr
	_//avarc	Florid	a <u>32566</u> Zip Code
	City		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 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>	<u>Address</u>	Type of Action
MGR	Johnston Cobs	3311 H Care Rd Jay FC 31565	□Add
		3311 H Corr Rd Jay FC 32565	ERemove
		<u> </u>	□Change
MAR	Eric Robledo	2536 Bluwahr de navare fl 31566	9 x Add
			□Remove
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