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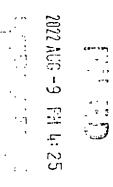
(Requestor's Name)	
(Address)	1111
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only



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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

DIVISION OF C	•		即屬香蕉	114 22 22
Never broke again LLC		RECEIVEB		
SUBJECT:			*********	
	Name of Li	mited Liability Company	7022 HAY 1 1	AM 7:49
			Sacher Taelahat	141
The enclosed Articles of	of Amendment and fee(s) are su	ibmitted for filing.	MELAIA.	oonn, rE
riedoe retarm an corresp	pondence concerning this matte	er to the following:		
	Dominic Figueroa			
	T Iguerra			
		Name of Person		-
	Never broke again LLC	rane of regard		
		Firm/Company		-
	1761 W Hillsboro Blvd Si	•		
		Address		-
	Deerfield Beach, FL 3344			
		-		
		City/State and Zip Code		
	lucidreams@gmail.com	Say water and 15th Code		
	E-mail address	(to be used for future annual report not	: A**	
			ification)	
	concerning this matter, please o	eall:		. ~3
Dominic Figueroa		954 496-3057	-	CE: 022
		at ()	· 	2022 AUG CES EÇİT
Name o	of Person	Area Code Daytin	ie Telephone Number	
			:	
England in a shall of				; J.
Enclosed is a check for t	ne following amount:			; .u.
\$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Fil	
	Certificate of Status	Certified Copy	Certificate	e of Status &
		(additional copy is enclosed)	Certified (Copy
			(additional c	copy is enclosed)
Mailing Addres	<u>s:</u>	Street Address:		
Registration S	Section	Registration Sec	ction	
Division of C	orporations	Division of Cor		
P.O. Box 6327		The Centre of T		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 11, 2022

DOMINIC FUGUEROA 1761 W. HILLSBORO BLVD, STE 329 DEERFIELD BEACH, FL 33442

SUBJECT: NEVER BROKE AGAIN LLC

Ref. Number: L22000110203

AUG 0 9 2022

Letter Number: 622A00015387

We have received your document for NEVER BROKE AGAIN LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews OPS

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Part Till St.

Never Broke Again LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company of	were filed on	and assigned
Florida document number <u>L22000 (10 203</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y 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 at agent and/or the new registered office address here:	ldress on our records, <u>en</u>	iter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street aa	
	City	, Florida 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
AMBR	Nolasco Pena	1761 W Hillsboro Blvd Ste 329 Deerfield Beach, FL 33442	i Add
. ——			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
AMBR	Dominic Figueroa	1761 W Hillsborn Blud	-
		1761 W Hillsborn Blud Ste 329, Decraed Beach, Fl	1 33442
			□Remove
			□Add
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Tective date, if other than to be effective date is listed, the date in te: If the date inserted in this cument's effective date on the	nust be specific and cannoblock does not meet the	he applicable stati	filing or more than ntory filing requir	(optional) 90 days after filing ements, this date	.) Pursuant to 605.020
	is comment of state s	records.			
ecord specifies a delayed effects filed.	ive date, but not an ef	fective time, at 12	::01 a.m. on the e	arlier of: (b) T	ne 90th day after the
	202	!2			
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	Signature of a member			nh.	