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,
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PICK-UP WAIT MAIL
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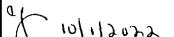




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COVER LETTER

TO:

			v			
CUD IEC	Regency G	lobaHLLC				
SUBJEC	l:	Name of Lim	ited Liability Company			
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	um all correspo	indence concerning this matter	to the following:			
	Name of Limited Liability Company sed Articles of Amendment and fee(s) are submitted for filing. Im all correspondence concerning this matter to the following: Haley L Young					
			Name of Person			
		Regency Global LLC				
			Firm/Company			
		515 E Las Olas Boulevard.	Suite 120			
			Address			
		Fort Lauderdale, FL 33304				
		•	City/State and Zip Code			
		• • •				
		E-mail address: (to be used for future annual report notification	n)		
For furthe	r information c	oncerning this matter, please ea	dl:			
Haley L.Y	oung					
	Name o	f Person		phone Number		
Enclosed	is a check for th	ne following amount:				
□ \$25.0	0 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
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			-			
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Regency Global LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 1.22000127114	were filed on $\frac{03/14/2022}{}$ and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	515 E Las Olas Boulevard, Suite 120		
Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale, FL 33301		
	Phone: (954) 656-2737, Fax: (954) 656-2739		
Enter new mailing address, if applicable:	515 E Las Olas Boulevard, Suite 120		
Mailing address MAY BE A POST OFFICE BOX)	Fort Lauderdale, FL 33301		
	Phone: (954) 656-2737, Fax: (954) 656-2739		
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City 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 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	Haley L. Young	1383 Waterview Ridge Cir	= Add
		Apopka, FL 32703	
			□Change
			□Adđ
			□Remove
		.	□Add
			□Кетюче
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
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Effective date, if other than the fan effective date is listed, the date mean Note: If the date inserted in this I document's effective date on the light	block does not mee	et the applicat	date of filing or mole statutory filin	(opt fore than 90 days after g requirements, th	cional) er tiling.) Pursuant to t nis date will not be l	605.0207 (isted as t
record specifies a delayed effecti d is filed.	ve date, but not an	a effective tim	e, at 12:01 a.m.	on the earlier of: (b) The 90th day a	fter the
Dated March 28		2022	_ •			
Ma	ly (. Yaus		_			
— v	Signature of a my	mber or authori	zed representative	of a member		

Filing Fee: \$25.00