L22 000 214 503

(Re	equestor's Name)	·
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bı	usiness Entity Name)	<u> </u>
(Dc	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

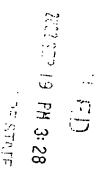
Office Use Only

A. RIVERS DEC 14 2022



200394335432

09/19/22--01032--008 **60.00



COVER LETTER

Division of Cor	porations		
SUBJECT:	SEW VENTUR	ES LLC	
	Name of Eart	ned Elabinty Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	GARY E	WEBB Name of Person	
		Name of Person	
		Firm/Company	
	501 SE CA	PON TERRALE	
		Address	
	PORT ST LUC	CIE FL 34983 City/State and Zip Code	
	<u> </u>	to COMCast, Net	fication)
For further information of	concerning this matter, please ca	•	,
CAROL W	ÉBB CRIENT	at (<u>772</u>) <u>971 S</u> Area Code Daytim	2875
ivanic o	i rasoli	Alea Code Dayum	е текрионе минис
Enclosed is a check for the	he following 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

Registration Section

TO:

Street Address:

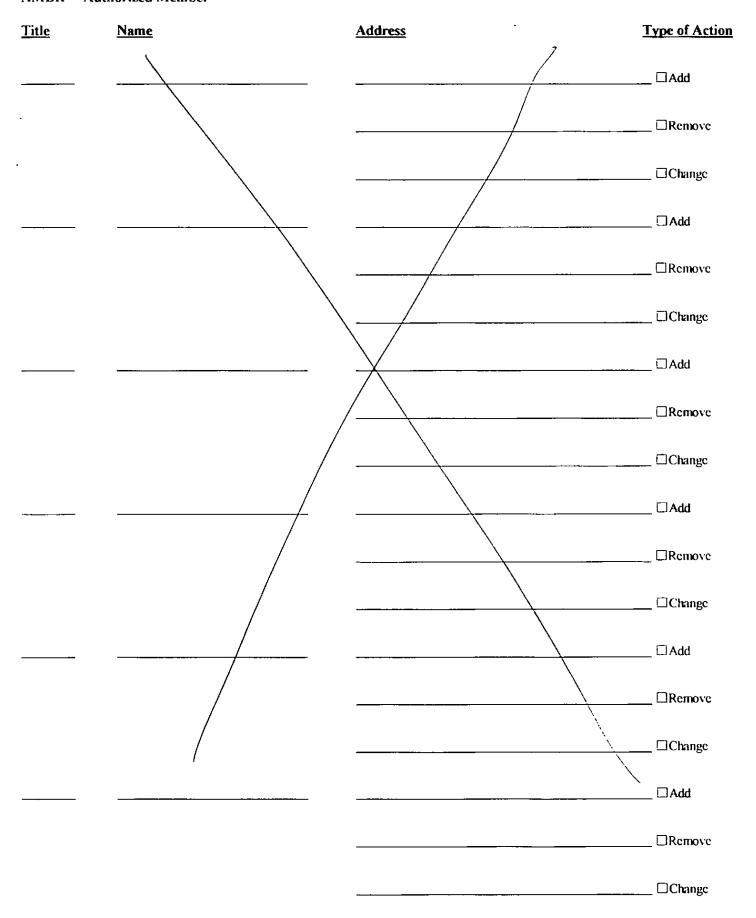
Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GEW YENTU (Name of the Limited L (AF	RES LL iability Compa londa Limited I	ny as it now appears on our i	records.)		
The Articles of Organization for this Limited Liabil Florida document number 42000 214 5	ity Company	were filed on MAy	35,2023	and assigned	
This amendment is submitted to amend the following	ıg:				
A. If amending name, enter the new name of the	: limited liab	ility company here:			
GARY E. WEBB LLC. The new name must be distinguishable and contain the words					
The new name must be distinguishable and contain the words	"Limited Liabil				
Enter new principal offices address, if applicable): :	NIA			
(Principal office address MUST BE A STREET A	DDRESS)				_
			<u>. </u>	-	_
		t t .			
Enter new mailing address, if applicable:		N/A			_
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>		 .		_
B. If amending the registered agent and/or regis	tanad affica .	address on our research	ator the nom	a of the new regime	****
b. If amending the registered agent and/or registation and/or the new registered office address he		idaress on our records, g	mer me nam	e of the new regis	terec
	1				
Name of New Registered Agent:	NIA				
New Registered Office Address:	NIA				
New Registered Office Address.		Enter l'Iorida street d	uddress		_
			_, Florida	28 22	
-		City	<u> </u>	ZipCode	_
New Registered Agent's Signature, if changing Regis	stered Agent:				
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the regicompany has been notified in writing of this cha	ind complete ed agent as p istered office	performance of my dution provided for in Chapter	es, and I am f 605, F.S. QC	amitiar with and if this document i	
		1 /4			
	If Char) / A nging Registered Agent, Signa	ture of New Reg	istered 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



	,
/	
ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be	be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
turnent's effective date on the Department of State's re	applicable statutory filing requirements, this date will not be listed ecords.
	ctive time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.	
100 - 9/15 , 20	1:22
	17//
(Jany E.	or authorized representative of a member
	ar suthanced representative of a member
Signaturo of a member of a member of the signature of the	of authorized representative of a memor