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## **COVER LETTER**

	Registration Se Division of Cor				
SUBJEC		WARD LLC	•		
SUBJEC	,1;	Name of Lin	nited Liability Company	<u> </u>	<u></u>
The enclo	osed Articles of A	Amendment and fee(s) are sul	omitted for filing.		
Please re	turn all correspo	ndence concerning this matter	to the following:		
		VERONICA DE LOS SA	NTOS		
			Name of Person		<del></del>
		PUSH FORWARD LLC			22 AUG 10 AM 10: 41
			Firm/Company		AUG 10
		2211 CLEVELAMD ST			0 🛦
			Address		0RPORATIO <b>AM 10: 4.1</b>
		HOLLYWOOD, FL 3302	0		. <b>- 1</b>
	·	fer_piccioni@hotmail.com	City/State and Zip Code		
		E-mail address:	to be used for future annual re-	port notification)	
For furthe	er information co	oncerning this matter, please c	all:		
Fernando	Piccioni		954 826-7 at ( )	7105	
	Name of	Person	Area Code	Daytime Telephone Nu	mber
Enclosed	is a check for the	e following amount:			
<b>≅ \$2</b> 5.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certi ed) Certi	O Filing Fee, ificate of Status & fied Copy ional copy is enclosed)
/ F [ F	Mailing Address Registration Solivision of Co P.O. Box 6327 Fallahassee, F.	ection prporations	Division of The Centro 2415 N. N	ress: on Section of Corporations re of Tallahassee Monroe Street, Suitee, FL 32303	te 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	(Name of the Limited Liability Com (A Florida Limite	nany as it now appear d Liability Company)	rs on our records.)	
	for this Limited Liability Compar	ıy were filed on	06/06/2022	and assigned
lorida document number _	1.22000236894			
his amendment is submitte	ed to amend the following:			
If amending name, <u>ent</u>	er the new name of the limited lis	bility company h	ere:	
he new name must be distinguis	hable and contain the words "Limited Lia	bility Company," the d	esignation "LLC" or the a	bbreviation "L.L.C."
nter new principal office	s address, if applicable:			<b>v</b> <u>∵</u>
Principal office address M	<u>UST BE A STREET ADDRESS)</u>	<u> </u>		2 X Sign
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inter new mailing address	L if applicable:			
Mailing address MAY BE	<del></del>			
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. If amending the registe gent and/or the new regis	red agent and/or registered office tered office address here:	e address on our r	ecords, <u>enter the nan</u>	ne of the new regi
Name of New Reg	istered Agent:			
New Registered Of	ffice Address:		·	·
		Enter Flor	ida street address	
			, Florida	
		City		Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

DITCH CODWARD LTC

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>	Name	<u>Address</u>	Type of Action		
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-	Signa	ture of a member or at	thorized represe	ntative of a member	<u> </u>		