L22000264501

(Rec	juestor's Name)	
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(City	/State/Zip/Phone	: #)
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COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

	NDREDBIRDS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	JANAYNA POTENCIAN	O	
		Name of Person	
	POTENCIANO CPA LLO		
		Firm/Company	
	6337 GLORY BOWER D	R	
		Address	-
	WINTER GARDE, FL 34	787	
		City/State and Zip Code	
	JANAYNA@POTENCIAN		
		to be used for future annual report n	otification)
For further information of	concerning this matter, please c	ali:	
JANAYNA POTENCIANO		407 413 2411	
Name o	of Person	at () Area Code Days	ime Telephone Number
Enclosed is a check for t	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)
<u>Mailing Addre</u> Registration		Street Address: Registration S	Section
Division of C		Division of C	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FOURHUNDREDBIRDS LLC

company has been notified in writing of this change.

2022 JUN 27 AH 7: N2

(Name of the Limited Liability Company as it now appears on our records.) STATE
(A Florida Limited Liability Company) ALL AHA-SEE, F _____ and assigned Florida document number L22000264501 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address ____, Florida ___ City 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

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
MGR	DO AMARAL ARRUDA, ELISAY	15095 MAYBERRY DR	
		WINTER GARDEN, FL 34787	≣Remove
MGR	DO AMARAL, ELISANDRA	15095 MAYBERRY DR	= Add
		WINTER GARDEN, FL 34787	🗖 Remove
		· · · · · · · · · · · · · · · · · · ·	☐Change
			□Add
		Remove	
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			Remove
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ective date, if other than	the date of filin	σ.		(ont	ional)	
effective date is listed, the date	must be specific and	d cannot be prior to	date of filing or mo	ore than 90 days aft	er filing.) Pursua	nt to 605.020
e: If the date inserted in thi ument's effective date on th			ie statutory ming	grequirements, tr	ns date will not	ne nstea a
cord specifies a delayed effe s filed.	ective date, but not	t an effective tim	e, at 12:01 a.m. c	n the earlier of: ((b) The 90th o	lay after th
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			-7/	10	<u> </u>	
	Signature of a	member gr authori	zed representative	of a member	, 	
					11 /1	

Filing Fee: \$25.00