

22 000 21.5 561

X111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

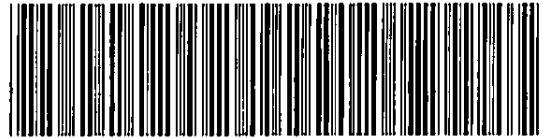
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

10558

Office Use Only



300431390023

06/12/24--01026--009 **30.00

2024 SEP -3 PM 5:02
STATE OF FLORIDA
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Capril Solutions / Change of name
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cassandra C. Nacene
Name of Person

Firm/Company

2620 Beverly Road, Apt 6B
Address

Brooklyn, NY 11226
City/State and Zip Code

Cnaceney@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cassandra C. Nacene at (347) 520-9779
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

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**

Capril Solutions 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 were filed on 6/10/2022 and assigned
Florida document number 22000265561

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Numberswhiz LLC

The new name must be distinguishable and contain the words "Limited Liability 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**)

7901 4th Street N Suite 300
St Petersburg, FL 33702

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

Not applicable / same as above

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:

Same / Sunshine Corporate Filing

New Registered Office Address:

Same

Enter Florida street address

Florida

City

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.

N/A Keeping the same
If Changing Registered Agent, Signature of New Registered Agent

SEP 10 2024
PM 5:02
STATE
TALLAHASSEE, FL

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Camandra Nancine	2620 Beverly Road	<input type="checkbox"/> Add
		Apt 6 B, Brookline,	<input type="checkbox"/> Remove
		MA 02226	<input checked="" type="checkbox"/> Change
MGR	Pierre Vilandry Ornel	134 Canton Street	<input type="checkbox"/> Add
		Stoughton MA 02072	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Ronald D Vil	53 Sherbrooke Street	<input type="checkbox"/> Add
		Springfield MA 01104	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Nothing else is being amended besides
the name. I am switching back to
original Numbersonline LLC

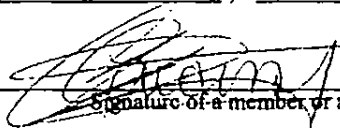
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 5/31/2024, _____



Signature of a member or authorized representative of a member

CASSANDRA C. NARCISSE

Typed or printed name of signee