L2200359214

	(Requestor's Name)	
	(Address)	
	(Address)	
	(,	
	(City/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
_		
	(Business Entity Nar	me)
	(Document Number))
Certified Copies	Certificate	es of Status
	_	
Special Instructions to	Filing Officer:	

Office Use Only



100395588371

2022 OCT -- 7 PM 1:53

2022 DCT -7 AM 10: 24

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

10/07/22

NAME: FIELDER METHOD, LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration So Division of Con								
	METHOD , LLC							
SUBJECT:	Name of Lin	nited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.						
Please return all correspo	ondence concerning this matter	to the following:						
	JERRY WONG							
	 	Name of Person						
		Firm/Company						
	10758 GARDEN RIDGE	СТ						
		Address						
	DAVIE, FL 33328							
		City/State and Zip Code						
	FIELDERMETHODLLC@							
	E-mail address:	to be used for future annual report no	tification)					
For further information c	oncerning this matter, please of	all:						
JERRY WONG		646 637-8438 at ()						
Name o	f Person		ne Telephone Number					
Enclosed is a check for the	ne following amount:							
≘ \$25.00 Filing Fee	S30.00 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 Addres		Street Address:	ection					
Registration S Division of C		Registration Se Division of Co						
P.O. Box 632	7	The Centre of	Tallahassee					
Tallahassee, I	FL 32314	2415 N. Monro	2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 OCT -7 AM 10: 24

FIELDER METHOD , LLC	SCI IF II.				
(Name of the Limited Liability Comp (A Florida Limited	Liability Company) A SEE, FL				
The Articles of Organization for this Limited Liability Company Florida document number L22000359214					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	bility company here:				
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	511 SE 5TH AVE. UNIT 2417				
(Principal office address MUST BE A STREET ADDRESS)	FORT LAUDERDALE, FL 33301				
Enter new mailing address, if applicable:	511 SE 5TH AVE. UNIT 2417				
(Mailing address MAY BE A POST OFFICE BOX)	FORT LAUDERDALE, FL 33301				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new register				
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, Florida City: Zip Code				
Non-Basistand Assess States at the basis But a little	·				
New Registered Agent's Signature, it changing Registered Agent:					
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	- ree to act in this capacity. I further agree to comply wil r performance of my duties, and I am familiar with and				

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 Changing Registered Agent, Signature of New Registered 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ALBERTO DESTRADE	3015 SW 92ND PLACE	□Add
		MIAMI, FL 33165	≅Remove
			□Change
<u></u>			□ Ađd
			□ Remove
			☐ Change
			□ Remove
			□Change
			□Add
			□Remove
			□ Add
			□Remove
			□ Add
			□ Remove
			□ Change

						<u>-</u>				
·	<u>.</u>			·						
					 -					
						<u></u>				
_			·	· · · · · · · · · · · · · · · · · · ·						
		<u></u>						<u> </u>	3	
_								>	<u>e</u> _"	"Y"
									1) TEMPER
								S. T. S.	P.	5
-				- -				Tri Cr	AM 10: 2	100
		_						77.	<u>-5</u> -	
	·	 						_		
				-						
	<u></u>			<u>-</u>						
		<u>.</u>								
(If an effect Note: If	e date, if other the date is listed, the date inserted	e date must be spe in this block do	cific and cannot es not meet th	e applicable :		ore than 90 days		.) Pursuar		
documen	it's effective date	on the Departm	ent of State's	records.						
If the record	specifies a delaye	d effective date	but not an eff	ective time o	t 12:01 a.m. d	on the earlier	of∈(h) Ti	ae 90th d	av after	- the
record is filed		d effective date,	out not an en	ective time, a	(12.01 a .iii. (on the carrier	ui. (U) Ti	ic 90ui u	ay anci	uic
Dated O	CTOBER 6			2						
Dated _		10	(10)							
Dated		44	$N \hookrightarrow V \cup V$	3YICK	representative					

Filing Fee: \$25.00