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(Re	questor's Nam	e)	
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(Cit	y/State/Zip/Pho	one #)	
PICK-UP	MAIT	MAIL	-
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Certified Copies	Certific	ates of Status	
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Special Instructions to Filin	g Officer:		
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Office Use Only



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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:

12/27/22

NAME: E\$TATE WIZARD LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

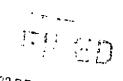
ACCOUNT: **FCA000000015**

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:	Registration Secti Division of Corpo			
	ESTATE WIZ	ARD LLC		
SUB	JECT:	Name of Lim	ited Liability Company	
The	enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Pleas	se return all correspond	ence concerning this matter	to the following:	
		JUDIT L POTTER		
			Name of Person	
			Firm/Company	
		1802 ELEUTHERA POIN	T H-4	
			Address	
		COCONUT CREEK, FL	33066	
		CLKTax@AOL.COM	City/State and Zip Code	
		t -	to be used for future annual report not	ification)
For	further information con-	cerning this matter, please c	all:	
CAF	RL L KENNEDY		304 552-0206	
	Name of P	erson		ne Telephone Number
Encl	osed is a check for the	ollowing 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 Address: Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	porations	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



ESTATE WIZARD 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 08/25/2022 and assigned Florida document number L22000375279 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JUDIT LYNN POTTER LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1802 ELEUTHERA POINT H-4 Enter new principal offices address, if applicable: COCONUT CREEK, FL 33066 (Principal office address MUST BE A STREET ADDRESS) 1802 ELEUTHERA POINT H-4 Enter new mailing address, if applicable: COCONUT CREEK, FL 33066 (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

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.

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>	Name			Address	Type of Action
	- 	1	-		□Add
					□Remove
					Change
			-		□Add
					🗆 Remove
					□Change
			_		□Add
			:		Remove
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					Change
			-		□Add
					□Remove
					□Change

Effective date, if other than the date of filing: (an effective date is listed, the state must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to locument's effective date on the Department of State's records. Tecord 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 dis filed. DECEMBER 27 2022 Signature of a member or authorized representative of a member JUDIT LYNN POTTER		her information, enter change(s) here: (Attach additional sheets, if necessary.)
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		Signature of a member or authorized representative of a member

Filing Fee: \$25.00