L22000401467

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SHRIFCT:	G.W. HENRY DEMO. LLC					
SOBJECT.		Name of Lim	ited Liability Company			
The enclosed	d Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please returi	i all correspo	ndence concerning this matter	to the following:			
		Paul Shamoon				
			Name of Person			
		G.W. HENRY DEMO, LL	C			
			Firm/Company			
		3911 PARKWAY DRIVE				
			Address			
		ROYAL OAK, MI 48073				
			City/State and Zip Code			
		paul@theetsteam.com		The state of the s		
For further i	nformation co	n-man address: (oncerning this matter, please c	to be used for future annual report not all:	(fication)		
Paul Shamo	OII		248 752-7527 at ()			
	Name of	r Person	Area Code Daytin	ne Telephone Number		
Enclosed is	i cheek for th	ne following amount:				
□ \$25.00 I	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)		
	iling Addres gistration S		<u>Street Address:</u> Registration Se	ection		
Di	vision of C	orporations	Division of Cor	rporations		
	D. Box 632 Ilahassee - F		The Centre of T	Lallahassee se Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G.W. HENRY DEMO, 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 $\frac{09/14'2022}{2}$ ____ and assigned Florida document number <u>L22000401467</u> 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

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 nerely 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
AMBR	Paul Shamoon	3911 PARKWAY DRIVE	
		ROYAL OAK, MI 48073	
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			Remove
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n effec i <u>te:</u> H	e date, if other than the d tive date is listed, the date must be the date inserted in this bloc it's effective date on the Dep	ne specific and ik does not m	cannot be prior leet the applic	able statutory :	or more than 90 d Iling requireme	ays after filling.) P	ursuma to 695,020 Il not be listed a
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Seted _	eptember 20		2022				
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