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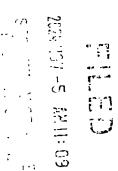
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Name Change

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COVER LETTER

	gistration Sec ision of Corp			
CHB IECT.	1746 GROU	P LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	I Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return	all correspon	dence concerning this matter t	o the following:	
		Rosemarie Bacallao, Esq.		
			Name of Person	
		Fromberg, Perlow & Korni	k, P.A.	
			Firm/Company	
	20295 NE 29th Place, Suite 200 Address			
		Aventura, Fl 33180		
			City/State and Zip Code	. 53
		rbacallao@fpk-law.com		
		E-mail address: (1)	o be used for future annual report notifica	tion)
For further in	nformation co	neerning this matter, please ca	11:	cu . I
Rosemarie I	Bacallao		305 933-2000 at ()	elephone Number
	Name of	Person	Area Code Daytime To	elephone Number
Enclosed is a	a check for the	: following amount:		
☐ \$25.00 I	Filing Fee	S30.00 Filing Fear& Cartificate 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

1746 GROUP 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 $\frac{09/15/2022}{1}$ and assigned Florida document number $\frac{1.22000404285}{1.22000404285}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: My Way Too LLC 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 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.

City

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
			□Add
			□Remove
			□Change
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ffect	ive date, if other than the date of filing:
an eff <u>lote:</u>	ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
recor i is fil	d 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 led.
ated	November 4 2024
	N L N M M M

Filing Fee: \$25.00

Typed or printed name of signee