L22000411993

(F	Requestor's Name)	
	Address)	
(<i>F</i>	¹ ddress)	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) extified Copies Certificates of Status		
PICK-UP	WAIT	MAIL
(E	Business Entity Nan	ne)
(E	Occument Number)	
Certified Copies	Certificate	es of Status
Special Instructions to F	filing Officer:	
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Office Use Only



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2022 OCT 18 AM 11: 22 SECRETARY IN 18 AM 11: 13

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 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:	
Vinessa Diaz Name of Person	
Firm/Company	
3465 Winifred Row Lane Apt 140	3
1 aples F2 34116 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Vanessa Dio2 at (2.39) 184.3386 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section Street Address: Registration Section	

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 -	FD
2022 OCT 18	AFi 11: 23
SECRETARY MALL MEMORY ds.Y	0; . ; ;

Zip Code

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(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 $09-21-2022$ and assigned Florida document number 22000411993 .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: Cluber Luber Lub
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
Titoui du

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 =	Maflager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
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	e date, if other than the tive date is listed, the date must the date inserted in this blacks effective date on the D	O O W CO CO . MOV 111	ioot the applicat	date of filing or more le statutory filing r	(option than 90 days after fine quirements, this continued to the continue	ral) ling.) Pursuant to 605.0 late will not be listed	0207 (3 d as th
e record s rd is filed	specifies a delayed effectiv i.	e date, but not:	an effective tim	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after	the
Dated	October 18th	<u>~</u>	2012	· ·			
		Δ1	√ ``				

Filing Fee: \$25.00