L22000434329

| (Requestor's Name) | |
|---|---|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | _ |
| Special Instructions to Filing Officer: | |
| | |
| Rec'd | |
| Rec'd 10/27/27 | 2 |
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Office Use Only



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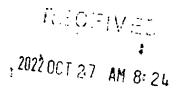
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2022 OCT 27 KM II: 50 SECRETARY OF STATE TALL AHASSEF, FI

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October 24,2022

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Amendment | Three Wise Kids LLC

To Whom It May Concern:

Enclosed please find the Articles of Amendment for Three Wise Kids LLC along with check #15790 in the amount of \$25.00

Sincerely,

Amy Marie Vo

AMV/ls

Enclosures

(888) 588-2599

COVER LETTER

| TO: Registration S Division of Co | | | | |
|--------------------------------------|--|---|---|--|
| Three Wis | e Kids LLC | | | |
| SUBJECT: | Name of Lin | nited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all corresp | ondence concerning this matter | to the following: | | |
| | Amy M. Vo. Esq. | | | |
| | | Name of Person | | 23 |
| | | | | 72 OC |
| | | Firm/Company | | |
| | 104 Sea Grove Main Stree | et | <u>:</u> | 2022 OCT 27 MM IV: 50 SEGRETARY SEE. FL |
| | | Address | | 原の三 |
| | St. Augustine, Florida 320 | 980 | | 智 50 |
| | | City/State and Zip Code | | |
| | avo@sjlawgroup.com | | | |
| | E-mail address: (| to be used for future annual report notif | ication) | |
| For further information of | concerning this matter, please c | all: | | |
| Amy M. Vo | | 904 495-0400 at () | | |
| Name o | of Person | | Telephone Number | |
| Enclosed is a check for t | he following amount: | | | |
| ■ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60,00 Filing Certificate of Certified Cop (additional copy | Status & |
| Mailing Address Registration S | | Street Address: | 45 | |
| Division of C | | Registration Sec Division of Corp | | |
| P.O. Box 632 | .7 | The Centre of T | | |
| Tallahassee, 1 | FL 32314 | 2415 N. Monroe | Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Three Wise Kids LLC | | |
|--|---|------------------------------|
| (<u>Name of the Limited Liability Compan</u> (A Florida Limited Li | v as it now appears on our records.) ability Company) | |
| The Articles of Organization for this Limited Liability Company v Florida document number <u>L22000434329</u> | vere filed on 10/7/2022 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabil | ity company here: | |
| The new name must be distinguishable and contain the words "Limited Liabilit | y Company," the designation "LLC" o | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 202 5 E |
| Principal office address MUST BE A STREET ADDRESS) | | OCT 27 |
| Enter new mailing address, if applicable: | | SSEE STATE |
| Mailing address MAY BE A POST OFFICE BOX | | - 5 <u>0</u> |
| 3. If amending the registered agent and/or registered office adgent and/or the new registered office address here: | ldress on our records, <u>enter th</u> | e name of the new registe |
| Name of New Registered Agent: | <u>-</u> | |
| New Registered Office Address: | Enter Florida street address | |
| | | |
| | , Flori | da |

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 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 |
|--------------|---------------------|-------------------------|----------------------|
| MGR | Jeffrey Terwilliger | 125 Preserve Haven View | |
| | | Ponte Vedra, FL 32081 | - |
| | | | □Change |
| MGR | Casey Czapła | 65 Lunetta Court | ≣ Add |
| | | St. Johns, FL 32259 | □Remove |
| | | | □Change |
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| ective date, if other the effective date is listed, the te: If the date inserted in | date must be specific nathis block does n | and cannot be prio | r to date of filing o | or more than 90 | days after fi | ling.) Purs | suant to | 605.0201 |
| rument's effective date o | n the Department | of State's records | i. | mag requirer | nems, mis t | iate will | nor oc | nsicu as |
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| cord specifies a delayed s filed. | effective date, but | not an effective t | ime, at 12:01 a.: | m. on the ear | lier of: (b) | The 90t | h day a | fter the |
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| ed October 20 | | _) | | | | | | |
| red October 20 | | | | | | | | |
| ted October 20 | Signature o | of a member or auth | ortsed representat | tive of a memb | er | _ | | |