L22-000 436986

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(6.5), 5.6.6.2.2.4.7.7.6.6.1,
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entry Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

	gistration Se vision of Co			;	
SUBJECT:	705 WARE	RINGTON LLC			
		Name of Lin	nited Liability Company		
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing		
		ondence concerning this matter	_		
		NABEEL HUSSAIN			
			Name of Person		
		705 WARRINGTON LLC	;		20?
			Firm/Company		2110
		PO BOX 91261			6- 6011 2202
			Address		
		HOUSTON, TX, 77238			AH 10: 37
			City/State and Zip Code		37
		accounting@igotears.com	to be used for future annual report	notification)	
For further i	nformation c	oncerning this matter, please c	-	notrication	
Nabeel Huss	sain		281 881-9303 at ()	,	
	Name o	f Person		time Telephone Number	
Enclosed is	a check for th	ne following amount:			
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &
Re Div P.(diling Addres gistration S vision of C D. Box 632 Ilahassee, F	Section orporations 7		Section	0

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

705 WARRINGTON LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records. mited Liability Company))
The Articles of Organization for this Limited Liability Com	npany were filed on 10/10/2022	and assigned
Florida document number L22000436986		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
Principal office address MUST BE A STREET ADDRES	<u></u>	——————————————————————————————————————
		022
		0221104
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		 ω
3. If amending the registered agent and/or registered of gent and/or the new registered office address here:	ffice address on our records, <u>enter t</u>	_
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	, Flor	
	City	Zip Code

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>	<u>Name</u>	Address	Type of Action
MGR	Santiago Son	PO BOX 91261, Houston, TX, 77238	□Add
			■Remove
			□Change
<u></u>			—————————————————————————————————————
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			□Change
			□Ádd
			□Remove
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re. If the date inserted in this	ne date of filing: nust be specific and cannot be prior to de block does not meet the applicable Department of State's records.	(opt ate of filing or more than 90 days after statutory filing requirements, th	cional) er filing.) Pursuant to 605.020 sis date will not be listed a
s nica.	tive date, but not an effective time,		
ed	Signature of a member or authorized		
Adres He	in		

Filing Fee: \$25.00