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(F	Requestor's Name)	
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## FLORIDA FILING & SEARCH SERVICES, INC.

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DATE:

10/28/22

NAME: ALL WHO WONDER ARE NOT LOST LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

### **COVER LETTER**

Division of Cor			
, All Who W	onder Are Not Lost LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	Robert Taylor		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	All Who Wonder Are Not I	.ost LLC	
		Firm/Company	
	14723 Seminole Trail		
		Address	
	Seminole, Florida 33776		
	<u> </u>	City/State and Zip Code	
	robertdtaylor@me.com		
	E-mail address: (	to be used for future annual report no	tification)
For further information	concerning this matter, please or	all:	
Robert Taylor		312 307-5544	
Name	of Person	at () Area Code Duyti	me Telephone Number
Enclosed is a check for	the following amount:		
■ S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration		Street Address: Registration S	Section
	Corporations	Division of C	orporations
P.O. Box 63	327	The Centre of	Tallahassee

Tallahassee, Fl. 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 OCT 28 AM 10: 16

All Who Wonder Are Not Lost LLC

(Name of the Limited Liability Company as it now appears on our records) ONE TORKY U. STATE.
(A Florida Limited Liability Company)

ALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on October 18, 2022 and accioned

Florida document number 1.22000448757	
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of	nt number 1.22000448757  It is submitted to amend the following:  It is submit
All Who Wander Are Not Lost LLC	pomitted to amend the following:  c, enter the new name of the limited liability company here:  of Last LLC:  tinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  N/A  Offices address, if applicable:  Ext. MUST BE A STREET ADDRESS)  Address, if applicable:  N/A  We BE A POST OFFICE BOX)  Registered agent and/or registered office address on our records, enter the name of the new registered registered office address here:  N/A  N/A  Registered Agent:  N/A  N/A  Enter Florido street address  Enter Florido street address
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applica	11.
(Principal office address MUST BE A STREET	(ADDRESS)
Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE B	<u> </u>
B. If amending the registered agent and/or registered office address	
Name of New Registered Agent:	N/A
New Registered Office Address:	N/A
	Enter Florida street address
	, Florida
	City Zin 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>	Name	<u>Address</u>	Type of Action
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	4 over		Ter /	gr.						
	bert Taylor	Signature of a	a member i	or aumoriza	co representa	ave of a mem	Der			

Filing Fee: \$25.00