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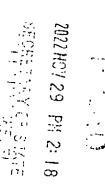
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO:

Registration Section

Division of Co	rporations				
	TERPRISE GROUP, LLC				
SUBJECT:	Name of Lim	nited Liability Compo	my		
	Amendment and fee(s) are sub	_			
Please return all correspondence	ondence concerning this matter	to the following:			
	HANIBAL M WARE				_
	.	Name of Pers	ion		_
	WARE ENTERPRISE GR	OUP, LLC			
		Firm/Compa	ny		20 - 31
	44363 FOXTHOM TERR				72 NO FORE
		Address		·	2
	ASHBURN, VA 20147				2022 NOV 29 PH 2: 19
		City/State and Zip	Code		- ?
	hannibal.ware@gmail.com				- m
	E-mail address: (to be used for future	annual report no	tification)	• •
For further information of	concerning this matter, please c	all:			
HANNIBAL M WARE		571 at (5287544		
Name o	f Person	Area Coo	de Daytii	me Telephone Numbe	r
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filin Certified C (additional co		Certified	ate of Status &
Mailing Address Registration of Control of C	Section Corporations 27	Re D T1 24	reet Address: egistration S ivision of Co he Centre of 115 N. Monr allahassee, F	orporations Tallahassee oe Street, Suite 8	310

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WARE ENTERPRISE 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 11/2/22 and assigned Florida document number L22000471312 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) മ 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.

__, Florida <u>__</u>

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>	<u>Address</u>	Type of Action
AMBR	SIMONE C WARE		_ □Add
		650 NE 32ND STREET STE 3303 MIAMI, FL 3313	7 ≣Remove
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		51, 51,	_ □Add (j) N □ Remove
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ective date, if other than the date effective date is listed, the date must be see: If the date inserted in this block ument's effective date on the Departure of specifies a delayed effective date.	specific and cannot be prior does not meet the applicatment of State's records.	able statutory filing	requirements, this	filing.) Purs date will	not be l	isted a
s filed.		1				
ed NOVEMBER 23	. 2022	- XX				
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