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024 APR 16 PH 5: 48

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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Section Division of Corporations					
(14.15) 450 COT	A'S PROFESSIONAL WRITIN	NGS LLC			
SUBJECT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Danielle Brown				
		Name of Person			
		Firm/Company			
	2722 Lantana Lakes Drive	West			
		Address			
	Jacksonville, Florida 3224	6			
	danielle.brown@yahoo.con	City/State and Zip Code			
		to be used for future annual report not	ntication)		
For further information c	oncerning this matter, please of	alt:			
Danielle Brown		904 349-2130 at ()			
Name o	f Person		ne Telephone Number		
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Centificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres Registration 5		Street Address: Registration So	ection		
Division of C		Division of Co			
P.O. Box 632		The Centre of			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION 2024 APR 16 PH 5: 48

1	ANTEAMAIS	PROFESSIONAL	WRITINGS LLC
Ł	こみいしろいろう	PROPESSIONAL	WKITINGS 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 04/04/2024	and assigned	
lorida document number L22000475155			
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited liab	ility company here:		
LANTANA WEST SOURCING SOLUTIONS LLC			
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LI	.C" or the abbreviation "L.L.C."	
Enter new principal offices address. if applicable:			
Principal office address MUST BE A STREET ADDRESSI			
Inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered office a	address on our records, <u>ente</u>	r the name of the new regis	
gent and/or the new registered office address here:			
Name of Name Daylor and Assess			
Name of New Registered Agent:	-		
New Registered Office Address:	<u>_</u>		
	Enter Florida street address		
	, I	loridaZiv Code	
	City		

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>Address</u> **Type of Action** <u>Title</u> Name | _____ DAdd ______ □Remove □Add ______ □Remove _____ □Change _____ DAdd _____ □ Change _____ □Remove _____ DChange ______ □Remove ______ □ Add

_____ □ Remove

_____ □Change

D. If amending any other inforn	mation, enter change(s) here: (Attach additional sheets, if necessary.)	
		
		
		
		
		
		
Note: If the date inserted in this	the date of filing:	muant to 605,0207 (3) not be listed as the
the record specifies a delayed effect ecord is filed.	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90t	h day after the
Dated April 4th	2024	
	Danielle Brown	
	Signature of a member or authorized representative of a member	
Danielle Brown		
	Typed or printed name of signee	

Filing Fee: \$25.00