## L22000480998

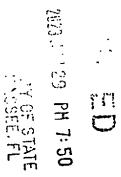
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filling Officer.

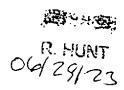
Office Use Only



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## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT: FOUNTAIN OF Name o	f Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	e submitted for filing.
Please return all correspondence concerning this m	atter to the following:
	Name of Person
	Firm/Company
	28 BOCA SPRINGS OR FINE S
	Firm/Company  28 Bo (A SPLINGS OR  Address  CA NATIN FL 37428  City/State and Zip Code  AAN OF YOU ANT ASING SMAIL.  Ess: (to be used for future annual report notification)  asse call:
E-mail addr	ess: (to be used for future annual report notification)
For further information concerning this matter, plea	ase call:
Bret KANTOR Name of Person	at (646) 549 4177  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Statu	
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Foundain of Man A. I' As in 110

(Name of the Limited Liability Company as	it now appear	s on our records.)		<del></del>	
(Name of the Limited Liability Company as (A Florida Limited Liabili	ity Company)				
The Articles of Organization for this Limited Liability Company were	e filed on	11/9/22		_ and a	ssigned
Florida document number L22000 (30 998).					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability	company he	ere:			
TELEWELL GROUP LLC					
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the de	esignation "LLC" or	the abbrev	viation "	L.L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)				10 m	
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		<del>.</del>	= -,.		,
Particular 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			是沒	63	
Enter new mailing address, if applicable:	<del></del>	·· · · · · · · · · · · · · · · · · · ·	<u> </u>	<del></del>	7
(Mailing address MAY BE A POST OFFICE BOX)			<u>m.,</u>		
<del></del>			_ 곤조_	<u> </u>	
			ГП		
B. If amending the registered agent and/or registered office addre	ess on our re	ecords, <u>enter the</u>	name o	f the n	ew registe
agent and/or the new registered office address here:					
Name of New Registered Agent:					
No. D. Co. LOW. All					
New Registered Office Address:	Enter Flor	ida street address			
	City	, Florid		Zip Code	
	ııiv.		•	глр Соае	•
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agree to	act in this c	capacity. I furthe	r agree	to com	ply with t
provisions of all statutes relative to the proper and complete perfe	ormance of	my duties, and I	am fam	iliar w	ith and
accept the obligations of my position as registered agent as provid	ded for in C	hapter 605, F.S.	Or, if t	his doc	rument 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
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			□Remove
			Change
	<del></del>		□ Add
		<del></del>	□Remove
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			. `,	2023	<del></del>
			AHASSEE	Md 62 :	
			STATE E, FL	7: 50	—\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\

Filing Fee: \$25.00