

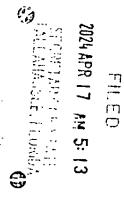
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





000427741740

04/17/24--01022--019 ##25.00



## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Orlande Bee	POWN LLC
Name of Limited	Liability Company
The enclosed Articles of Amendment and fee(s) are submitted	led for filing.
Please return all correspondence concerning this matter to t	he following:
BULTON LANDAY,	ESQ.
	Name of Person
BULTON LANDAY, South Florise	Law PLLC
<del></del>	Firm/Company
1920 E. Hellar	Lake Bel Blud # 702 Address
	Address
Hallander Beach	FL 33009
	Tity/State and Zip Code
BUNTON CO SWYL E	Planide Low PLLC - Low e used for future annual report notification)
E-mail address: (to be	e used for future annual report notification)
For further information concerning this matter, please call:	
Brion Lawn, Esa.	at (951) 900-8885
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section
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

Orlanco Bee	PAUN	LLC		
(Name of the Limited Liab (A Flori		ow appears on 'ompany)	our records.)	
			11/17/2022	
The Articles of Organization for this Limited Liability	Company were fil	ed on	11111 2022	_ and assigned
Florida document number 22000 492860	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability cor	npany here:		
WISE PAWN OFLA	NDO LLC			
The new name must be distinguishable and contain the words "L	imited Liability Comp	any," the design	ation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADI	DRESS)		,- w	
-			<b>4.0</b>	20
			1	24,
				APR F
Enter new mailing address, if applicable:				7
(Mailing address MAY BE A POST OFFICE BOX)				
				<u></u>
				<del>-</del>
B. If amending the registered agent and/or register		on our recor	ds, enter the name	of the new registere
agent and/or the new registered office address here	; <b>:</b>		. •	
Name of New Registered Agent:			· -	
New Registered Office Address:				
		Enter Florida st	reet address	
<u></u>			, Florida	
	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 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
			□Add
			□Remove
			□Change
			⊡Add
		□Remove	
		□Change	
		□Remove	
		□Change	
	-	□ Remove	
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			□Remove
			□ Change

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(If an effe Note:   I	te date, if other than the date of filing:
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated_	April 13th, 2024
	Signature of a member or authorized representative of a member
	Ler Troitson

Filing Fee: \$25.00