L23000013242

| (Re | questor's Name) | |
|-------------------------|-------------------|--------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | 6 | 15-620 |

Office Use Only



500403567555

03/10/23--01008--002 **25.00

COVER LETTER

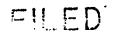
| | egistration Sec ivision of Corp | | | • |
|-------------|------------------------------------|----------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| SURIFCT | . AGORASE | TORA INVESTMENTS LLC | 3 | |
| JODULCI | • | Name of Lim | ited Liability Company | |
| The enclos | ed Articles of A | Amendment and fee(s) are sub- | mitted for filing. | |
| Please retu | rn all correspor | ndence concerning this matter | to the following: | |
| | | WENDY NAJERA-MILLL | .ER | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | | 4841 ARABELLA CIRCL | E | |
| | | | Address | |
| | | VERO BEACH, FL 3296 | 7 | |
| | | | City/State and Zip Code | |
| | | emotional.boost@gmail.c | om | |
| | | E-mail address: (t | to be used for future annual report notif | ication) |
| For further | information co | ncerning this matter, please ea | all: | |
| WENDY 1 | NAJERA-MILL | ER | 954 830-8496 at () | |
| | Name of | Person | Area Code Daytime | : Telephone Number |
| Enclosed is | s a check for the | e following amount: | | |
| ■ \$25.00 | Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| <u>M</u> | lailing Address | <u>.</u> | Street Address: | |

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 MAR 10 PH 1:39

TAM Uivitt

| AGORASE TORA INVESTMENTS LLC | | |
|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------|
| (<u>Name of the Limited Liability (</u> (A Florida Li | Company as it now appears on our records.) mited Liability Company) | |
| The Articles of Organization for this Limited Liability Con Florida document number L2300013242 | npany were filed on 01/05/2023 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | d liability company here: | |
| WENDY NAJERA MILLER LLC | | |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the designation "LLC" or | r the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRES | <u> </u> | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered o agent and/or the new registered office address here: | ffice address on our records, enter the | e name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Floric | da |
| | 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 |
| | | <u> </u> | Remove |
| | | | Change |
| | - | | □Add |
| | | | Remove |
| | | | Change |
| | | | □ Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | Remove | |
| | | | |
| | | | □Add |
| | | | |
| | | | □ Change |
| | | | |
| | | | □Remove |
| | | | □Change |

| CHA | NGING THE COMPANY NAME |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| (If an effective Note: If the | date, if other than the date of filing: |
| ne record spord is filed. | ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated | 03/06/2023 |
| | Weeky dyn Uh |
| | Signature of a member or authorized representative of a member |
| | |
| | Wendy Najera-Miller Typed or printed name of signee |

Filing Fee: \$25.00