## L23000032895

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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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## **COVER LETTER**

Tallahassee, FL 32314

	Registration Se Division of Cor			
CHD IF		EPROPERYINVESTMENTLI	LC	
SUBJEC	, li	Name of Lim	ited Liability Company	_
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		LUCIEN FORD		
			Name of Person	
			Firm/Company	<del></del>
		1512 BOWMORE DR		
			Address	<del>,-</del>
		CLEARWATER /FL 3375	55	2023 5(1)
		wevaluepropertyinvestment	City/State and Zip Code	7023 MAR - 1
		• • •	to be used for future annual report notification)	_ <u> </u>
For furth	er information c	oncerning this matter, please c	•	PH 3: 15 OF STATE SJEEFFL
LUCIEN	N FORD		727 2184321 at ( )	3: 15
	Name o	f Person	Area Code Daytime Telephone Nun	
Enclosed	I is a check for th	ne following amount:		
□ <b>\$2</b> 5.	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	O Filing Fee, ficate of Status & fied Copy onal copy is enclosed)
	Mailing Addres Registration 5		Street Address: Registration Section	
	Division of C P.O. Box 632	orporations	Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WEVALUEPROPERTYINVESTMENTLLC			
( <u>Name of the Limited Liability Company as it now appe</u> (A Florida Limited Liability Company	ars on our records.)	-	
The Articles of Organization for this Limited Liability Company were filed on $\frac{1}{2}$	anuary 18, 2023 and a	_ and assigned	
Florida document number <u>L23000032895</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company	<u>here</u> :		
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)			
<del> </del>	1023 P	محريعا	
	E AR	1 4	
Enter new mailing address, if applicable:	<u></u>	<del>(** ****)</del>	
Mailing address MAY BE A POST OFFICE BOX)			
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	ˈ H 5		
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter the name of the n	iew register	
Name of New Registered Agent:		<del></del>	
New Registered Office Address:			
Enter F	lorida 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.

City

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
AMBR	DEBB-ANN MULLINGS-FORD	1512 BOWMORE DR, CLEARWATER, FL, 33755	_ DAdd
			_ □Remove
			_ 🗏 Change
AMBR	LUCIEN FORD	1512 BOWMORE DR, CLEARWATER, FL, 33755	_ 🗆 Add
			_ 🗆 Remove
			_ <b>=</b> Change
			_ □Add
		SEC INC.	ZOZERemove
			_
		ATE	_ □Remove
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Effective date, if other If an effective date is listed, the National Color of the	ie date must be specifi	ic and cannot be pri	ior to date of filing	or more than 90 d	_ <b>(optional)</b> ays after filing.)	Pursuant to 60	05.0207
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