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COVER LETTER

TO: Registration Sec , Division of Corp		ų	
SUBJECT: PCY	CCTY CITUD DY Name of Limit	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspor	ndence concerning this matter to	o the following:	
	Jacquelint	Name of Person	
	Perfectly CI	Firm/Company	<u>C</u>
	290 SW HO	CMPLOMÍRA. Address	
	poet still	CIT, P. 34953 City/State and Zip Code	
	Derfectly (15 E-mail address: (to	CUN BY JAX & CITYA OF BUTTON TO THE CONTROL OF THE	1 C()W)
For further information co	oncerning this matter, please ca	11:	
JACQUEUM Name of	Person Person	at (<u>772</u>) <u>3 80</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
S25.00 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)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

D (. 11

Tertetly (ted Liability Company as it now a (A Florida Limited Liability Comp	Appears on our records.)	 	
The Articles of Organization for this Limited L	iability Company were filed o	m 01/24/2023	and assig	gned
Florida document number <u>L23000</u>	<u>19910</u> .	, ,		
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liability compa	ny here:		
The new name must be distinguishable and contain the v	1.00 % 14 % 17 % 17 %	Walter Company		
The new name must be distinguishable and contain the v	vorus Limitea Liability Company,	the designation LLC of the	aboreviation 2.1.	.C.
Enter new principal offices address, if applic	eable:		HAR	. 3
(Principal office address MUST BE A STREI	<u>ET ADDRESS)</u>			- 10.5
			<u> </u>	
			登出	
Enter new mailing address, if applicable:			<u> </u>	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		- F	
				
B. If amending the registered agent and/or agent and/or the new registered office addre	~	our records, enter the na	me of the new	registered
agent and/or the new registered office addre	<u> </u>			
Name of New Registered Agent:	Jacqueline	velarquez	.	
New Registered Office Address:	290 SW HOM Ente	er Florida street address		
	PORT STUCIO	C, Florida _	34453 Zip Code	<u>, </u>
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.

Thanging 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>	Name	Address	Type of Action
<u>he</u>	Jagueline velaguez	290 SM Homeland Rd.	_ EAdd
	,	290 SN Homeland Rd. PORTSTLUCIT FL 3495	_ □Remove
	•		□Change
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. 11 41	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e <u>Note</u>	ctive date, if other than the date of filing:
he reco	ord 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 filed.
Date	1 FCDruly 28th . 2023.
	d FCD1U(1) 2877 . 2023. OCULLIM 1 VELOCULING USignature of a member or authorized representative of a member
	Typed or printed name of signee Y