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





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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:		ARVPYSE 3 Co	mponyell
	Amendment and fee(s) are subm		
Please return all correspo	ndence concerning this matter to	the following:	
	llewe	Mane of Person	7rg
	<u> </u>	Firm/Company	2023 FEB
	P.O.BC	0X 693106 Address	28
	MAMINE	City/State and Zip Code City/State and Zip Code be used by future annual report notifications.	Sound Company Com
	E-mail address: (to	be used to future annual report notifi	ication)
For further information co	oncerning this matter, please cal	l:	
Llewel Name of	Jun Beckfer	$\frac{1}{2}$ at $\frac{1}{2}$ Area Code Daytime	4. 9024 Telephone Number
Enclosed is a check for th	oc 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 radditional copy is enclosed)
<u>Mailing Address</u> Registration S		Street Address: Registration Sec	tion

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Seck 19 (Name of the Limited L	195 Ealer D Jability Company as it now a Torida Limited Liability Comp	ppears on our records)	sany LLC	
The Articles of Organization for this Limited Liabil	lity Company were filed o	.)	and assigned	
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liability compar	ny here:		
The new name must be distinguishable and contain the words	"Limited Liability Company."	the designation "LLC" or th	he abbreviation "L.L.C."	
Enter new principal offices address, if applicable				
(Principal office address MUST BE A STREET A	DDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or registered and/or the new registered office address be	stered office address on o	our records, <u>enter the r</u>	2023 FEB 28 PM registere	<u>i</u>
Name of New Registered Agent:				
New Registered Office Address:	Ente	r Florida street address		
		, Florida		
-	Сіқ	, FIORICA	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 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 Name Address Type of Action Llewellyn Beckford 890 NW 210St pard Apt 204 Migmi, F133/69 - Remove AMBR WyneHe Dieuveil 230 SW 12 St Apt 906 DAUG _____ □Change →

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ffective date, if other t an effective date is listed, the fote: If the date inserted ocument's effective date	e date must be specific a in this block does not	ind cannot be prio t meet the appli	r to date of filing cable statutory	or more than 90 day.	s after filing.) Pursuant	to 605,02 oe listed
	l effective date, but n	ot an effective	time, at 12:01 a	.m. on the earlier	of: (b) The 90th da	y after th
record specifies a delayed is filed.	<u></u>	2023	<u>3</u> .			

Filing Fee: \$25.00