## L230000 79304

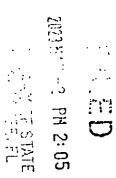
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Oocument Number)	<del></del>
Certified Copies Certificates of Stat	us
Special Instructions to Filing Officer:	

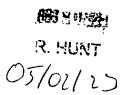
Office Use Only



200407792562

0 12.29 8:021 C.C \*\*27.38





## **COVER LETTER**

TO: Registration Se Division of Cor			
CarData Sy	vstems LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
Please return all correspo	ondence concerning this matter	to the following:	
	Sofia Vasquez		
		Name of Person	<del></del>
	ZenBusiness INC		
	<del></del>	Firm/Company	FSI (5.)
	336 E. College Ave Suite	301	235 271 7
		Address	ETT -2 PH 2: 05  ENTRE STATE
	Tallahassee, FL 32301		() ()
		City/State and Zip Code	19 S
	fulfillment@zenbusiness.co		
Far first or information of		to be used for future annual report not	ification)
	concerning this matter, please c		
c/o ZenBusiness INC		844 493-6249 at ()	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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>Mailing Addre</u> Registration		Street Address: Registration Se	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida document number L23000079304		ords.) and assigned
The Articles of Organization for this Limited Liability Company we Florida document number L23000079304	vere filed on <u>02/13/2023</u>	and assigned
Florida document number L23000079304		<del></del>
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
Corporately LLC		
he new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1272 Ginger Circle	<del></del>
Principal office address MUST BE A STREET ADDRESS)	Weston, FL 33326	(1) (2) (3)
Through the data of the second		177
		apour
Enter new mailing address, if applicable:	1272 Ginger Circle	
Mailing address MAY BE A POST OFFICE BOX)	Weston, FL 33326	
matting that ESS MAT DE A LOST OF LICE DOM		15.0 15.1
		M UI

## 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	CHEEKS, DANIEL E	1272 Ginger Circle	□Add
		Weston, FL 33326	□ Remove
			■ Change
·			□Add
			☐Remove
			Add <sub>en</sub>
			Remove
			Change
		<u> </u>	□Remove
		<del> </del>	□Change
	<del></del>		□Add
			□Remove
			□Add
		·	□Remove
			Change

	· · · · · · · · · · · · · · · · · · ·		
	······································		
			<del></del>
<del></del>			
<del></del>			<del>دین</del> ۳۵ (۱۹۱۱)
			1 1 1000000
			ro i
	<del></del>	<u>े</u> जिल्ला जिल्ला	PH 5
	· · · · · · · · · · · · · · · · · · ·	FAT	6 6
		m	O1
<u></u>			<del></del>
ffection data if other than the	a data of filings	(antional)	
ffective date, if other than the an effective date is listed, the date mu lote: If the date inserted in this b ocument's effective date on the f	ist be specific and cannot be prior to date of fill clock does not meet the applicable statuto	(optional) ing or more than 90 days after filing.) Pr ry filing requirements, this date wi	arsuant to 605.0207 Il not be listed as
record specifies a delayed effection is filed.	ve date, but not an effective time, at 12:0	la.m. on the earlier of: (b) The 9	Oth day after the
04/20 ated	. 2023		
	Iward Cheeks Signature of a member or authorized repres	entative of a member	

Filing Fee: \$25.00