L23000099418

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2023 HAR 10 PM 1: 08

• COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: W2 Diver	Sified Services Climited Liability Company
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Oeld.	WindSot Name of Person
Jus D	Siversified Services Firm/Company
542	ne 1522 Ct
Silver	Springs \$1, 34488 City/State and Xip Code City/State and Xip Code City/State and Xip Code
<u> </u>	lersified Outlook. Com ress: (to be used for future annual report notification)
For further information concerning this matter, plea	se call:
Jell Windsor Name of Person	at (904) 583-9437 Area Code Daytime Telephone Number
Enclosed is a cheek for the following amount:	
S25.00 Filing Fee & S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee. S Certified Copy (additional copy is enclosed) 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

Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company w Florida document number <u>L 23000099418</u>	ere filed on <u>02/24/2023</u> a	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviat	tion "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		70 Exame-
		0
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
· · · · · · · · · · · · · · · · · · ·	m c	<u> </u>
	r Windsor Ne 152nd Ct Enter Florida street address	
Silver	Springs Florida 34	4488

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

H Changing Registered Agent. Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jennifer Windson	8562 Ne 152nd C+	□Add
		Silver Springs Fl. 3448	K!XRemove
AMBR	Jennifer Windsor	8562 na 152nd Ct	So Add
		Silver Springs El, 34	465 □Remove
			□Change
			🗀 Add
			Remove
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ective date, if other than the date of filing:	(ор	tional)		
effective date is listed, the date must be specific and cannot be prior to date of filing or me	ore than 90 days aft	ter filing.) Pur:	suant to 60	05.0207
e: If the date inserted in this block does not meet the applicable statutory filing ument's effective date on the Department of State's records.	g requirements, ti	nis date wiii	not be its	sted as
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. o	on the earlier of:	(b) The 90t	h day ati	er the
filed.				
THEU.				
ed (3-7) March 7 ⁴⁴ 2023)			
	of a member			