## L23000188B33

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R. HUNT

## **COVER LETTER**

TO: Registration So Division of Con				
SUBJECT: MS	anxund the clo	CK TOPSDOT		
	Amendment and fee(s) are sub	_		
Please return all correspo	ondence concerning this matter	to the following:		
	<u>Skph</u>	UNIE TOUMERS Name of Person		
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	165 NW	12 LS+ Address		2023
	M	City/State and Zip Code		2023 OCT 16 PM12: 40
				<b>6</b> 000
	E-mail address: (	will be 9 9 mil. Cor	fication)	21 K
For further information c	oncerning this matter, please ca	all:		5
Stephanie Name o	Thônsas f Person	at ( <u>305</u> ) <u>510-6</u> Area Code Daytim	e Telephone Number	
Enclosed is a check for the	ne 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 Sta Certified Copy (additional copy is e	atus &
Mailing Address		Street Address:	ation	
Registration S Division of C		Registration Se Division of Cor		
P.O. Box 632	-	The Centre of T	-	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

W3 arrund the Cl	ock transpor	The same of the sa		
(A Flo	bility Company as it now apprida Limited Liability Compa	uny)		
The Articles of Organization for this Limited Liabilit	y Company were filed or	1 100/2023	and assign	ied
Florida document number <u>L 23(00)18833</u>	<b>.</b>	,		
This amendment is submitted to amend the following	<b>;</b>			
A. If amending name, enter the new name of the l	imited liability compan	y here:		
,	· · · · · · · · · · · · · · · · · · ·			
The new name must be distinguishable and contain the words "	Limited Liability Company,"	the designation "LLC" or the al	bbreviation "L.L.C	***
-		-	201	G 목
Enter new principal offices address, if applicable:			<u>23_</u> O	<u>- 22 </u>
(Principal office address MUST BE A STREET AD	DRESS)		<u> </u>	<u> 조유</u> 으로~
			<u> </u>	<del>- 8 -</del> -
			<del></del>	- 파일다 
Enter new mailing address, if applicable:			<u> </u>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)				<u>्र</u>
B. If amending the registered agent and/or registe		ur records, <u>enter the nan</u>	ne of the new ro	egistered
agent and/or the new registered office address her	<u>e</u> :			
	· m 107.4			
Name of New Registered Agent:	Wildowa Gar	bries		
New Registered Office Address:				
	Enter	Florida street address		<del></del>
		, Florida		
<del>-</del>	City	, 1 toriga	Zip Code	
New Registered Agent's Signature, if changing Regist	ered 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 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
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If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	nts, this date will not be listed
rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie	r of: (b) The 90th day after the
iled.	
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Ignature of a member or authorized representative of a member	