# Llectonic Fling Gever S ote: Please print this page and use it as a coversheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H230001972533ABC%

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number : (855)330-1010

**Effter the	email	address	for	this	busin	ess	entity	to	be	used	for	future
를 Sannual	repor	t mailin	gs.	Enter	only	one	emaiĺ	add	res	s ple	ase.	**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ASHLEIGH C. MCKENZIE LLC

Certificate of Status Certified Copy 0 Page Count 04 Estimated Charge \$25.00

T. LEMIEUX

JUN - 1 2023 Help

Electronic Filing Menu

Corporate Filing Menu

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

e Ashleigh C. McKenzie LLC					
(Name of the Lim	ited Liability Comps (A Florida Limited	any as it now appears on our reco Liability Company)	ords.)		
The Articles of Organization for this Limited I Florida document number <u>L23000206901</u>	.iability Company	were filed on April 26, 2023	and assig	ned	
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liah	sility company here:			
WalMcK Legal, PLLC					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C	J."	
Enter new principal offices address, if appli	cable:	5846 S Flumingo Rd			
Principal office address MUST BE A STRE		STE 284			
	Cooper City, FL 33330				
Enter new mailing address, if applicable:		5846 S Flamingo Rd			
Mailing address MAY BE A POST OFFICE	BOX)	STE 284			
		Cooper City, FL 33330	28		
B. If amending the registered agent and/or agent and/or the new registered office addre	4.2	address on our records, <u>ent</u>	<b>.</b>	<u>egister</u>	
Name of New Registered Agent:	Registere	d Agents Inc			
New Registered Office Address:	7901 4th st N.	STE 300	ن م	1	
		Enter Florida street add			
	St. Petersburg		Florida 33702		
		City	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 =Registerized Algertier Inc

Title	<u>Name</u>	Address	Type of Action
MGR	Ashleigh McKenzie White	5846 S. Flamingo Rd, STE 284, Cooper City FL 333	330 <b>≡</b> Add
			□Remove
			[]Change
MGR	Shayla Waldon	5846 S. Flamingo Rd, STE 284, Cooper City FL 333	330 <b>≣</b> Add
			□Remove
			Change
MGR	ASH MCK LLC	5836 sw 119th ave, cooper city fl 33330	□ Add
			<b>=</b> Remove
			□Change
			□Add
			□Remove
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<del></del>	***************************************		□Add
			□Remove
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and to conduct any mater of	usiness or purposes which a limited liability company whose purpose is to render such
professional services is lega	ally allowed to conduct.
<del> </del>	
•	
fective date, if other than the	date of filing: (optional)
ote: If the date inserted in this bl	st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (lock does not meet the applicable statutory filing requirements, this date will not be listed as t
ecument's effective date on the D	epartment of State's records.
record specifies a delayed effective	we date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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is filed.	
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is filed.	Signature of a member or authorized representative of a member

Filing Fee: \$25.00

# Florida Department of State Electronic Filing Cover Sheet



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **WONTSTOPLLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help T. LEMIEUX

JUN - 1 2023

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number L23000173966	y were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
Vex System LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records. enter the nan	e of the new register
•		EZÜ
New Registered Office Address:	Enter Florida street address	· <del></del>
	, Florida	<u></u>
Now Designated Learning Statement of the project Designation of the project of th	City	- Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr	City	

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
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If an effective dat Note: If the da	, if other than the decision is listed, the date must be to inserted in this blocective date on the Dep	e specific and cannot k does not meet the	e applicable stati	filing or more than 9 story filing require	(optional) 0 days after filing.) Pr ments, this date wi	arsuant to 605.0207 (3 Il not be listed as th
e record specifi rd is filed.	es a delayed effective	date, but not an eff	ective time, at 12	2:01 a.m. on the ea	rlier of: (b) The 9	0th day after the
Dated May 31s	t	202	3			
R	ekin for		<del></del>			
<del></del>		ignature of a member	r or authorized rep	resentative of a mem	ber	

Filing Fee: \$25.00