L23000260433

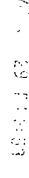
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Emity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900411270039

06/29/23--01022--016 **25.00



COVER LETTER

	egistration Se ivision of Coi			
SUD IECT		LL PROJECT, LLC		
SUBJECT	:	Name of Lin	nited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		Wayne Effort II		
			Name of Person	· ·
			Firm/Company	
		859 NORMANDY R		
			Address	· ·
		DELRAY BEACH, FL 🔏	33484	89
			City/State and Zip Code	;
		juneamore.nxt@gmail.com	to be used for future annual report	notification
For further	information c	oncerning this matter, please e	·	:
Wayne Eff	ort II		914 661-288	
	Name o	f Person	Area Code Da	ytime Telephone Number
Enclosed is	a check for the	ne 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)
	ailing Addres		Street Address Registration	
D	ivision of C	Corporations	Division of (Corporations
	O. Box 632 allahassee. I			of Tallahassee nroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE 8-BALL PROJECT, LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our bility Company)	records.)
The Articles of Organization for this Limited Liability Company we have a L23000260433	vere filed on 05/30/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		**
Principal office address MUST BE A STREET ADDRESS)		
		:51 :51 :52
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
aning universal to the first of the boxy		
3. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records,	enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		Florida
	City	, Florida Zip Code
Sew Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p	to act in this capacity erformance of my duti	v. I further agree to comply with les, 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
AR	Ferrell, Kavon J	4776 Via Bari Unit 6108 Lake Worth FL, 33463	□Add
			= Remove
			🗆 Change
	17-111-		🗆 Add
			Remove
			Change
			T⊡Add 19 40
			<n ☐Remove</n
			GChange
			DAdd
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change

	. , .	
		
		2.5
		3.
		
		· · · · · · · · · · · · · · · · · · ·
		<u> </u>
· <u>-</u> ·		
		-
ffective date, if other than the an effective date is listed, the date in this ocument's effective date on the	ust be specific and cannot be prior to date of fil block does not meet the applicable statute	(optional) ing or more than 90 days after filing.) Pursuant to 605.020 bry filing requirements, this date will not be listed as
record specifies a delayed effect is filed.	ive date, but not an effective time, at 12:0	II a.m. on the earlier of: (b) The 90th day after the
June 26th	Signature of a member or authorized repres	
Way	re that I	

Filing Fee: \$25.00