## レ23000344551

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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration So Division of Cor			
	G PROCESSING, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Richard Wicks		
		Name of Person	
	One Rose Consulting, LLC		
		Firm/Company	<del></del>
	132 Hines Dr.		
		Address	
	Four Oaks, NC 27524		
		City/State and Zip Code	tification)
	Maysangelica2@gmail.com	to be used for future annual report no	ditiontiant
For further information (	concerning this matter, please c		1 :
Richard Wicks	•	727 353-3188	-प इ.स. इ.स.
Name	of Person	at ()	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		<u>Street Address:</u> Registration S	ection
Division of (	Corporations	Division of Co	orporations
Registration	Section Corporations	Registration Se	ection orporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMAYSING PROCESSING, LLC

(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	7/20/2023	and assigned
Florida document number 1.23000344551			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	r <u>e</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the de	signation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:			- }
(Principal office address MUST BE A STREET ADDRESS)	188 Gannett Peal	c St.	
	Henderson, NV 8	39012	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	188 Gannett Peal	c St.	. 12
	Henderson, NV 8	89012	111 07
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		cords, <u>enter the nan</u>	ne of the new registered
		. Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	performance of a provided for in C	my duties, and Lam <sub>.</sub> hapter 605, F.S. Or,	familiar with and if this document is

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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			Remove
			□Change
	<del></del>		□Add
			□Remove
			j,
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n effective date is liste ote: If the date inse	her than the date of ed, the date must be spec- erted in this block doed date on the Departme	rific and cannot be prior to d is not meet the applicable	late of filing or more than 9 e statutory filing require	(optional) 00 days after filing.) Pursu ements, this date will n	iant to 605.020 iot be listed a
ecord specifies a de is filed.	layed effective date, l	but not an effective time.	, at 12:01 a.m. on the ea	rlier of: (b) The 90th	day after the
July 26	,	2023			$\vdots$
15.11	<del>/</del>		•		1 . 
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Filing Fee: \$25.00