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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	



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Office Use Only

A. RIVERS

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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: S	other Hos	SHE Creations ited Liability Company	Ш
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Arrand	Name of Person	
		Firm/Company	
	3708 N	N 8th St Address	
	Okeechobee	F\ 34972 City/State and Zip Code	
		er 16 @ icloud.com	fication)
For further information co	ncerning this matter, please ca	all:	
Amenda L Name of	Jells Person	at (S(63) SO 1 C Area Code Daytim	137) e Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)
		S	

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 as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on <u>August 21,303</u> 3 and assigned Florida document number <u>L23000392597</u> .
Torida document number Cascoca 1851
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Wells Make It LLC
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "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)

3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered
gent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address

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 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
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effective date : If the da	if other than the desir listed, the date must be inserted in this blocective date on the Dep	e specific and c k does not me	annot be prior to tet the applicab			after filing.) Purs	
ord specific	es a delayed effective o	date, but not a	n effective tim	e, at 12:01 a.m.	on the earlier o	f: (b) The 90th	h day after th
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