12300046/329

(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer	7





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COVER LETTER

TO: Registration So Division of Co			
LYDIA S. SUBJECT:	WOOLFORK, LLC		
	Name of Lin	ited Liability Company	
	`Amendment and fee(s) are sub ondence concerning this matter		
	CARLOS GIL		
		Name of Person	
	FLORIDIAN LEGAL		
	•	Firm/Company	<u> </u>
	3910 W FLAGLER STRE	EET	
		Address	
	MIAMI FLORIDA 33134		
		City/State and Zip Code	
	CARLOS@FLORIDIANL	EGAL.COM to be used for future annual report notifi	oution)
For further information .			
	concerning this matter, please c	aii.	SC TALL TO THE TELEPHONE Number To The Telephone Number To Table 1975 To Tall The Telephone Number To T
CARLOS GIL		305 443-2525 at ()	
Name o	of Person	Area Code Daytime	protein and the second
Enclosed is a check for t	he following amount:		AH IO: 5:
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre	<u>55:</u>	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

LYDIA S. WOOLFORK, LLC (Name of the Limited Liability Compan	y as it now annears on our re	ecords)	
(A Florida Limited Li	ability Company)	, <u></u>	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L23000461329</u>	were filed on 10/6/2023	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabilit	ty 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)		SEC. 328	
Enter new mailing address, if applicable:		ラジン ム : 1	
(Mailing address MAY BE A POST OFFICE BOX)			
•		m ω	
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ddress on our records, <u>e</u>	nter the name of the new registered	
agent and/or the new registered office address here.			
Name of New Registered Agent:			
•			
New Registered Office Address:	Enter Florida street a	ddress	
		Florida	
	City Zip Coa		
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre-	e to act in this capacity.	I further agree to comply with the	
provisions of all statutes relative to the proper and complete p	performance of my dutie	s, and I am familiar with and	
accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office of			

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
MGR	LYDIA WOOLFORK	700 SW 137 . UNIT 204H	≡ Add
		PEMPROKE PINES, FL 33027	□Remove
			□Change
			□ Add
			□Remove
•			V-3 PRINT OF STATE
<u>*</u>			□Add
			□Remove
			□Change
			Remove
			Change
			□Add
			Remove
			□Change

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				<u></u>	<u> </u>
		<u>-</u>			
ffective date, if other than the date of filing:			(optiona	ıl)	
an effective date is listed, the date must be specific and cannot be pricote: If the date inserted in this block does not meet the appli-	licable statutor	ry filing require	0 days after filir ements, this da	ig.) Pursuant te will not b	to 605.02 se listed
ocument's effective date on the Department of State's record	is.				
reproved among Grant and Additional and Charles and Additional and Charles and			1. Ca.		<i>a</i> ,
record specifies a delayed effective date, but not an effective lis filed.	time, at 12:01	ra,m. on the ea	riler of: (b)	The 90th da	y after th
OCTOBER IV					
OCTOBER 19 2023	·				
	;				
file 12 miles	/				
Life like 110 - Life Signature of a member or aut	thorized represe	mtative of a mem	iber		_

Filing Fee: \$25.00