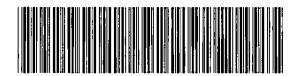
L23000481014

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	MAIL MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:





100426170421

03/25/24--01023--007 *#25.00

15/E/E/

2024 MAR 25 AMII: 44 SECHTERS OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Washel & Worn UC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jeramial Hall Name of Person
Firm/Company
5431 Miles Blvd.
Port Richey, FL 34668 City State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Teratrial (727) 771-3280 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
X \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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**

1. 30 0 1. 0

washed a	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $10/19/2023$ and assigned
Florida document number <u>L23000481014</u>	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited lial</u>	pility company here:
The new name must be distinguishable and contain the words "Limited Liab	flity Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5431 Miles Blue.
Principal office address MUST BE A STREET ADDRESS)	tort Kichey, FL 34668
Enter new mailing address, if applicable:	5431 Miles Blvd.
Mailing address MAY BE A POST OFFICE BOX)	Port Richay, 1-L 34668
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	ramich Hall
New Registered Office Address: 5431	Miles Blvd. Enter Florida street address
Por	+ Richey Florida 34668
New Registered Agent's Signature, if changing Registered Agent	Solo Sala Cinac

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to somply with the provisions of all statutes relative to the proper and complete performance of my duties, and I and aviiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or if this ocume his being filed to merely reflect a change in the registered office address. I hereby confirm that the limited lightlity company has been notified in writing of this change.

If Charging 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>	<u>Address</u>	Type of Action
MGR	Berek DAVIS	7819 Doral Drive	□Add
		Hudson, FL 34667	iRemove
			□ Change
AMBR	Galiena Davis	7819 Doral Drive	□Add
		Hudson, FL 34667	K emove
			□Change
MOR	Jeramiah Hall	5431 Miles Blvd.	XAdd
		Port Richey, FL34668	Remove
			□Change
MGR	Cheri Hall	5431 Miles Blvd.	XAdd
	•	Port Richey, FL 346	Remove
			□Change
		——————————————————————————————————————	Add
			Remove—
			C Thange
			STATE OF THE STATE
			□Remove
			□ Chango

If amending any other in	formation, enter	change(s) here	e: (Attach additio	onal sheets, if neces	ssary.)		
-							_
							_
				<u> </u>		_	_
						<u>-</u> .	
						· <u>-</u> -	_
							_
-							
							_
							_
	· · · · · · · · · · · · · · · · · · ·						_
							_
		<u> </u>					_
		. -					_
							_
Effective date, if other that It an effective date is listed, the date inserted in document's effective date on	ate must be specific a this block does no	ind cannot be prior t meet the applic	able statutory filin		iling.) Pursi		
e record specifies a delayed e rd is filed.	ffective date, but n	ot an effective ti	me, at 12:01 a.m. (on the earlier of: (b)	The 90th	ı day aft	er the
Dated March	16	202	4		SECEL!	2024 HAR 25	T
	Signature or	a member or author	orized representative	of a member	五五	25	Ţ
		erek -	DAVIS		Y OF S	4 11: 4	
		_	ed name of signee		-F <u>F</u>	<u></u>	