L23000540695

(Re	equestor's Name)	
(Ac	ddress)	
·	•	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Cortificatos	e of Status
Certified Copies	Certificates	s or Status
Special Instructions to	Filing Officer:	
	·	

Office Use Only



400420589544

01/08/24--01023--008 **30.00

TALL TO THE TOTAL TOTAL

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

iy as it now appears on our records lability Company)	<u>s.</u>)
were filed on	and assigned
lity company here:	
ity Company," the designation "LLC	" or the abbreviation "L.L.C."
	1024 JAN 1024 JAN 1000 CL
	[1년 중 55 [1년 8
iddress on our records, <u>enter</u>	the name of the new registered
Enter Florida street addres	<u> </u>
	* 1
, Flo	orida Zip Code
	lity company here: Ty Company," the designation "LLC address on our records, enter Enter Florida street addres

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.

COVER LETTER

TO: Registration S Division of Co					
	ROUP LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	STEVEN WELLANDER				
		Name of Person			
	MOTTS GROUP LLC				
		FirmeCompany			
	11910 SEABROOK AVE				
		Address			
	BRANDONTON FL 3421	1		C.	2
		City/State and Zip Code		$\mathbb{R}^{\mathbb{N}}$	n2;
	steve.wellander@gmail.cor	m		- Fid - 5:	2024 JAH
	E-mail address: 6	to be used for future annual report no	tification)		8
For further information	concerning this matter, please e	all:			1279
Steven Wellander		847 372-2121		164. Di	5. 8:
Name	of Person		me Telephone Number	—- ;;;	æ
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 Filir Certificate Certified C (additional ce	of Status opy	
Mailing Addre		Street Address:	action		
Registration Division of 0	Section Corporations	Registration Se Division of Co			
P.O. Box 63		The Centre of	•		
Tallahassee,	FL 32314	2415 N. Monro	oc Street, Suite 810	0	

Tallahassee, FL 32303

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	Steven Wellander		∐Add
			□Remove
		-	Change
			□Add
			□ Remove
			☐Add co
		:	·¹_
			□Remove
			□Change
			□Remove
			□Add
			□Remove

I am just updating my name from Steve to Steven		
	4	
		를 (17
	<u> - </u>	
		
	<u> </u>	
	-	င္ကာ ,_ _, .
		
		 -
Factive data if other than the data of filings	(antional)	
fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to	to date of filing or more than 90 days after filing.) Pursuant	to 605,020
ote: If the date inserted in this block does not meet the applicate terms of state in the properties of state in the properties of state in the properties.		be listed a
·		
ecord specifies a delayed effective date, but not an effective tir	me, at 12:01 a.m. on the earlier of: (b) The 90th da	y after the
is filed.		
stend 1-3-2024 Item Wellah Signature of a member or autho Typed or printe		
1) to Wella I		
Signature of a member or autho	orized representative of a member	