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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	Name of Lim	ited Liability Company	108 X OCC	'essor,6
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Peder	Name of Person	ns_	
	Elevate	Ry Love C	Jouen Hing.	Sevill
	1561 x	Address DY	<del>-</del>	
	electronic address:	City/State and Zip Code to be used for future annual report notifi	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	@8wa:)
For further information	concerning this matter, please c	all:		
Bevery	Person Will'i OV	at (321)	16 0963 c 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration Division of 9 P.O. Box 63	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations	

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida	Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on <u>01/24/2024</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit  The new name must be distinguishable and contain the words "Limit	ted liability company here:  Company here:  ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR	1561 Kenigh Dr Longrood fl 32779
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1561 Kanlyn Dr Longwood Fl 32779
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	every williams
New Registered Office Address:	Enter Florida street address Florida 32779
	City Zip Code

## 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 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>	Name	Address	Type of Action
Ambr	Beverly williams	1561 Menlyn Dr Longwood fl 327	79 ZAdd
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Filing Fee: \$25.00