## 124000129572

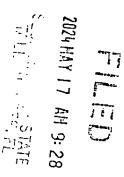
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Certified Copies	Certificate	s of Status
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Office Use Only



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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GW570 Ile			FIL	-
( <u>Name of the Limited Liabil</u> (A Florid	lity Company a	s it now appears on our	records.)	<del></del> /
(A FIORIO	aa Limitea Liao	iny Company)	2024 HAY 17	AM 0.20
The Articles of Organization for this Limited Liability (	Company we	re filed on 03/22/2024		and assigned
1 2/1000129572	Company we			STATE
Florida document number L24000129572	·		1.	部门,到了
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability	company here:		
The new name must be distinguishable and contain the words "Lir	mited Liability (	Company," the designation	"LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	_			
(Principal office address MUST BE A STREET ADD	RESS)			
Trincipal Office address MOST DE ASTREET MOS				
	_			
Enter new mailing address, if applicable:	_			
(Mailing address MAY BE A POST OFFICE BOX)				
Azaming address Maria BB.11 00 10 11 10 10 10 10 10 10 10 10 10 1	_	<u> </u>	- <del></del>	<u>-</u>
	_			
B. If amending the registered agent and/or registere	ed office add	rece on our records	antar the name o	f the new remister
B. It amending the registered agent and/or registere agent and/or the new registered office address here:		ress on our records,	enter the name o	t the new register
	-			
Name of New Registered Agent:				
New Registered Office Address:				
New Negistered Office Address.		Enter Florida street	address	
			vo	
<del></del>		City	, Florida	Zin Code
		C.1,4		zip code
New Registered Agent's Signature, if changing Register	red Agent:			
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete per agent as pro red office ad	rformance of my duti vided for in Chapter	es, and I am fan 605, F.S. Or, if i	iliar with and his document is
	If Changin	g Registered Agent, Signa	ture of New Regist	ered Agent
	ri Cuangin	g registered Agent, <u>Sign</u> a	HOLE OF LICH WESIST	LI CH PIKCHI

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
P	Wetteny Joseph	8569 Pines Blvd Suite 214	□Add
	;	PEMBROKE PINES FL 33024	■ Remove
			□Change
MNGR	Wetteny Joseph	2701 Jockey Cir South	<b>≣Ad</b> d
		Davie, FL 33330	□Remove
			□Change
VP	Marcelyn Joseph	2701 Jockey Cir South	≣ Add
		Davie, FL 33330	□ Remove
			□Change
		□Add	
		□Remove	
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		<u></u>	□Change

Effective date, if other than the date of filing:    DA		
Effective date, if other than the date of filing:  One of the date is listed, the date must be specific and cannot be prior/to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records.  The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed.  Signature of a member or authorized representative of a member		
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Filing Fee: \$25.00