L24 000 150 369

(Requestor's Name)	
(Address)	6004
(Address)	
(City/State/Zrp/Phone #) PICK-UP WAIT MAIL	08/14/24
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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08/14/24--01021--020 **30.00

COVER LETTER

Division of Cor	porations		
SUBJECT: Buil	d Wealth from 1	nome LLC	
	Name of Litt	iited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	_	
riense return an correspe	addice concerning this matter	to the following.	
	٠		
	Jasha-Ci	Name of Person	The state of the s
		Name of Person	
		Firm Company	
	9121. C 110 H		
	7160 5 US TI	WY 1 #31 Address	
	Port St. lycie	Fl , 34452 City/State and Zip Code	
	-	City/State and Zip Code	
	Wassell and January		
		to be used for future annual report noti	ncation)
For further information co	oncerning this matter, please ea	alt;	
Sasha-Ga	م مالم اما ال	2110 CARE	
Name of	f Person	at (347) 600 S Area Code Dayring	e Telephone Number
Enclosed is a check for th	ne following amount:		
☐ \$25.00 Filing Fec	Z \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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**

(<u>Name of the Limited Liability C</u> (A Florida Lii	Company as it now appears on our records.) inited Liability Company)
The Articles of Organization for this Limited Liability Com	npany were filed on Build wealth from markend assigned
Florida document number L240 DO150369	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words "Limited	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 ADDRES	53)
Enter new mailing address, if applicable:	
- · · · · · · · · · · · · · · · · · · ·	
Mailing address MAY BE A POST OFFICE BOX)	·
If amending the registered agent and/or registered of gent and/or the new registered office address here:	ffice address on our records, enter the name of the new registe
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address:	Enter Florida street address
New Registered Office Address:	Enter Florida street address

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>	<u>Name</u>	Address	Type of Action
AMBR Sasha-Gay Walker		9126 S US HNY 1 #31, F1. 34952	port St. Luck Add
			Remove
			□Change
			□Add
			Remove
			Change
			□Remove
			Change
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Note: 1	re date, if other than the date of filing:
he record ord is file	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 d.
Dated _	8/8/2004
	Swalker. Signature of a member or authorized representative of a member
	Sasha-Gal Walker Typed or printed name of signee

Filing Fee: \$25.00