# L24000187512

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## **COVER LETTER**

### TO: Registration Section Division of Corporations

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SUBJECT: \_\_\_\_\_ WRENCHWERX LLC

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:

Freddy Hermandez ( Name of Person Wrunch Wurx LLC Firm/Company 221 Southridge Industrial Drive Tavares FL 32778 City/State and Zip Code E-mail address: (10 be used for future annual report notification)

For further information concerning this matter, please call:

Freddy Hurrandez at (908) 247-1055 Area Code Davime Telephone Number

Enclosed is a check for the following amount:

S25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & 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 WRENCHWERX LLC bility Company as it now appears on our records.) (Name of the Limite The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ 2024 and assigned Florida document number \_L24000187512 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation?" Y. Y. C Enter new principal offices address, if applicable: - 1 (Principal office address MUST BE A STREET ADDRESS) *ت*ک r\) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

New Registered Office Address:		
	Enter Florida street a	nddress
		_, Florida
	Cuy	Zip Code

### New Registered Agent's Signature, if changing Registered Agent:

*l* 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our recently:

### MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	<u>Type of Action</u>
AMBR	Stephen Solomon	1285 Caldwell Ave.	🗆 Add
	·	1285 Caldwell Ave. Orange City, FL 32763	Remove
			□Change
	<u> </u>		🗆 Add
			🗆 Remove
			□Change
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		<u></u>	Remove
			Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record 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 record is filed.

Dated	October 13th 2024
	Significant Signif
	Signature of a member of authorized representative of a member
	Stephen Solomon
	Otephen Solomon Typed or primes access of storage