L24000316414

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration S Division of Co		•	,	•
	OOES IS WIN, LLC		•	•
SUBJECT:		nited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	BENJAMIN PLATT			
		Name of Person		-
	TEMBO CPAS			
		Firm/Company	_	-
	116 SEA GROVE MAIN	STREET AUITE 120		
	·	Address	·	-
	ST. AUGUSTINE, FL 320	080		2024 AUG -5 SECRETATION
		City/State and Zip Code		一一一
	SUNBIZ@TEMBOCPAS.			美洲 战
For further information	r:-mail address: (concerning this matter, please c	to be used for future annual report noti all:	fication)	PH CO
MARCIA CATLETT		866 558-3626		当
Name	of Person		e Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Mailing Addre		Street Address:	stion.	
Registration Division of C		Registration Sec Division of Cor		
P.O. Box 632		The Centre of T	•	
Tallahassee,	FL 32314	2415 N. Monroe	Street, Suite 8	10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL DJ DOES IS WIN, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{07/16/2024}{---}$ and assigned Florida document number L24000316414 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

.Florida _

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
MGR	LINDSEY DELLASALA	1 10TH STREET	Add
		APT. 303	□Remove
		ST. AUGUSTINE, FL 32080	□Change
			□Add
			□Remove
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record specifies a delayed effect is filed.	tive date, but not an eff	ective time, at 12:	01 a.m. on the earli	er of: (b) The 90th day	∕ after the
JULY 26	202	4			
2.104	· -	·			
BW N oa					

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Filing Fee: \$25.00