



(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
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SEGREGATION STATE
TALLAHASSEE FI

## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT:	Witty L Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Dwo	yne Jackson	
	Wi	Hry Lifty LLC Firm Company	
	3613	NW 194th Terro	ice
	Miami Uackson. E-mail address.	Cardens FL City State and Zip Code  dwayne 1920 @ to be used the future annual report nour	33056 Yahoo.com
For further information cor	ncerning this matter, please ca	all:	
Dwayne Kame of I	Jackson Person	at ( <u>561</u> ) <u>531 ~</u> Area Code Daytime	7088 : Telephone Number
Enclosed is a check for the	following amount:		
X \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy cadditional copy is enclosed.	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		<u>Street Address:</u>	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

(Name of the Limited Line)	ability Company as it	now appears on our reco	ords.)	
The Articles of Organization for this Limited Liabili Florida document number <u>L 24000322</u>	ty Company were	,		and assigned
This amendment is submitted to amend the following	ā:			
A. If amending name, enter the new name of the	limited liability co	ompany here:		
The				
The new name must be distinguishable and contain the words		apany. The designation "E	LC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AL	ODRESS)		<del>\(\frac{\frac{1}{2}}{2}\)</del>	2021
			<u> </u>	<u> </u>
			725 27 225 27	—————————————————————————————————————
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  ———————————————————————————————————			<u>53</u>	-
			S CO	70 : '
			-nl	<u>13</u>
			<del>- 门</del>	7
B. If amending the registered agent and/or regist agent and/or the new registered office address he	ered office addres <u>re</u> :	ss on our records, <u>ent</u>	er the name of	the new registere
Name of New Registered Agent:	Dwayne	Jackson		
New Registered Office Address:				
<del></del>		Enter Florida street ada	lress	
		_	Florida	
	C			ip Coule

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 VMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Dwayne Jackson	3613 NW 194th Ferrace	Add
		Miami Gardens, FL	_ ^ ,Remove
		33056	Change
AMBR	Ducyne Jackson.	3613_NW_194th Terrace_	/Add
		Miami Gardens, Fl	TRemove
		33056	Change
			LAdd
			= ERemove
			BChange
	-	· <u>-</u> ··	\dd
			'Change
			Ada
			Remove
			Change
			\.id
			Remove
			Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
_	
Note: II	date, if other than the date of filing:
ord is filed	
Dated	September 13 . 2024.  September 13 . 2024.  Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Dwayne Jackson Typed or printed name of signee

Filing Fee: \$25.00