

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000408170 3)))



H240004081703ABC-

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To:

Division of Corporations

17278881294

Fax Number : (850)617-6383

From:

Account Name : FL PATEL LAW PLLC

Account Number : I20170000097 Phone : (727)279-5037

Fax Number : (727)888-1294

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

billabbott1@gmail.com Email Address:___



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BUTTERFLY67 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Butterfly67 LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on November 13, 2024	and assigned
Florida document number L24000479758		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
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)		:
3. If amending the registered agent and/or registered office	address on our records, enter the n	ame of the new register
gent and/or the new registered office address here:		ر د.
		·•
Name of New Registered Agent:		
New Registered Office Address:		
·	Enter Florida street address	
	, Florida	
	City	Zip Code

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 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
MBR	WY Protect LLC	15017 N Dale Mabry Hwy STE 1193	= Add
		Tampa, FL 33618	□Remove
			□Change
<u> </u>			□ Add
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			Change
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Frective date, if other than the date of filing: (optional) an effective 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 605.020 does; if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records. 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 is filed. ated December 11 2024 Vidua S Nandu Signature of a member or authorized representative of a member Vishva Nandu, Authorized Representative	amending any other informat	tion, enter change(s) here: (Attach additional sheets, if necessary.)
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Vishva Nandu, Authorized Representative	•	Signature of a member or authorized representative of a member
	Vishva Nandu, Authorize	ed Representative

Filing Fee: \$25.00