L25000376574

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJEC	No Way LOOK DEFECTIONS & MOVE LLO Name of Limited Liability Company	
The enclo	d Articles of Amendment and fee(s) are submitted for filing.	
Please ret	all correspondence concerning this matter to the following:	
	Wesley Joel Oxtiz Name of Person	
	Firm/Company	
	130 SW 5th Ave	
	City/State and Zip Code NOWALLAY DE + 1 CHONS @ QMAIL. Com E-mail address: (to be used for future annual report notification) Proportion concerning this matter, please call:	
For furthe	nformation concerning this matter, please call:	
W	Name of Person at (305) 525-8452 Area Code Daytime Telephone Number	
Ençlosed :	a check for the following amount:	
\$25.0	Filing Fee \$\bigcup \$30.00 \text{ Filing Fee & Certificate of Status}\$\$ \text{ Certified Copy (additional copy is enclosed)} \text{ Certified Copy (additional copy is enclosed)} \$\$ \text{ Certified Copy (additional copy is enclosed)} \$\$	
F C	illing Address: gistration Section vision of Corporations Division of Corporations Division of Tallahassee	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited L	lability Company)	
The Articles of Organization for this Limited Liability Company villerida document number <u>L 25 000376574</u> .	were filed on $08-15-25$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."	-
Enter new principal offices address, if applicable:	130 SW Str Ave	_
(Principal office address MUST BE A STREET ADDRESS)	n city 66 33034	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	130 SW SM Ave U City 12 33034	- - -
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	ered
Name of New Registered Agent: West	ey Oxtiz	
New Registered Office Address: 130 S	Enter Florida street address	_
<u>ll</u>	City , Florida 33034 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 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 Title <u>Name</u> <u>Address</u> **Type of Action** AMBR WISHY ORtiz Remove \square Add Remove

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	□Add
	□Remove
	□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Made a Mistake!	
Dlease Chang Registered Lount from	
Idedad Philps To Wesley Joel OKtiz	
130 SN Stn Ave PL (ity 46 33034	
thank har!	
TI DOTE VICT.	
1 2001 21 2001	
E. Effective date, if other than the date of filing: AMM 1 1025 (optional) (If 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 605.0207 (3)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.	e
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 ecord is filed.	
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Dated Aufurt () , LOLS	, <u>, , , , , , , , , , , , , , , , , , </u>
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Signature of a member or authorized representative of a member	
	Negree"
Typed of printed name of signee	

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PH-- P-- 625 00