M23000004376

	(Requestor's Name)
- <u>-</u>	(Address)
· 	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Copies	Certificates of Status
	-
	
ii Instructions to	Filing Officer

Office Use Only



400407520954





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 'P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date: 04	/26/2023	
Name:	Merritt Walker	<u> </u>
Reference #:	1973626	<u> </u>
Entity Name:	WOODFIE	LDS CAPITAL LLC
☐ Articles o	f Incorporation/Authorizatio	n to Transact Business
✓ Amendme	ent	
☐ Change o	of Agent	
Reinstate	ment	
Conversion	on	
Merger		
Dissolutio	n/Withdrawal	
☐ Fictitious	Name	
✓ Other	CERTIFIED CO	PY OF THE FILING EVIDENCE
Authorized Amou	unt: \$55	
Signature:	mw	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appea	rs on the records of the Florida Depa	artment of
State: Woodfields Capital LLC		
Enter new principal office address, if applicable:	8825 SW 110th Street	
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	Ocala, Florida 34481	
MOST BE A STREET ADDRESS)		3
Enter new mailing address, if applicable:	8825 SW 110th Street	PR 26 PH 2: 2
(Mailing address MAY BE A POST OFFICE BOX)	Ocala, Florida 34481	00 P
		SIA
2. The Florida document number of this limited li	ability company is: M23000004376	m +
Jurisdiction of its organization: Delaware		-
4. Date authorized to do business in Florida: Apri	15, 2023	
SECTION II (5-9 complete only the applicable	changes)	
5. New name of the limited liability company: (mus	st contain "Limited Liability Compar	ny, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	maging members adopting the altern	ness in Florida and attach a atte name. The alternate name
6. If amending the registered agent and/or register registered agent and/or the new registered office a		iter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida Str	eet 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 Changing Registered Agent, Signature of New Registered Agent

Pitle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
MGR/AP	Steven Miller	1255 SE 11th Avenue	
		Ocala, Florida 34471	= Ren
MGR/AP Steven M	Steven Miller	8825 SW 110th Street	_ Add
		Ocala, Florida 34481	□Rem
			□Add
			□Rem
			□Add
			□Rem
			□Add
aforemention	under the law of which this entity is o	d by the official having custody of record	2027 PR 26 PM 2: 24 CELIMETARY OF STATE THE ASSEELFL in in

Filing Fee: \$25.00