L2300040822

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bt	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

A. RIVERS NOV 6 2023



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COVER LETTER

TO:

TO: Registration Sc Division of Cor			
	BLE SPROUT LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
	ondence concerning this matter		
	MARLA COPELAND ES	TY	
		Name of Person	
	A.B.C LLC, DBA EASY T	FAX AND ACCOUNTING LLC	
		Firm/Company	
	PO BOX 2066		
		Address	
	FHGH SPRINGS, FL 3264	3	
		City/State and Zip Code	
	EASYTAX@WINDSTREA		
	E-mail address: (to be used for future annual report not	(fication)
For further information of	concerning this matter, please c	all:	
MARLA COPELAND I	ESTY	386 454-8959	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60 00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	ontion
Registration Division of (Registration Se Division of Co	
P.O. Box 633	-	The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.)	
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 01/23/2023	and assigned
Florida document number 1.23000040822		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the c	bbreviation "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)		
		•
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	ne of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
15.5 Avgistered Willes Hadrego.	Enter Florida street address	٢ -
	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
MGR	DAWN EAKINS	9 ZODIACAL PL	□Add
		PALM COAST FL 32164	≅Remove
AMBR	JOSEPH EAKINS	9 ZODIACAL PL	= Add
		PALM COAST, FL 32164	□Remove
			□Change
MGR	GARRETT EAKINS	9 ZODIACAL PL	□Add
		PALM COAST, FL 32164	=Remove
			□Change
AMBR	GARRETT EAKINS	9 ZODIACAL PL	= Add
		PALM COAST, FL 32614	□Remove
			☐ Change
			Remove
			□Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			□Change

effecti	date, if other than the date of filing:
ument	s effective date on the Department of State's records.
cord sp s filed.	secifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed	October 10 2023 October 10 2023 Signature of a member or authorized representative of a member
	Joseph Fakuns
	Signature of a member or authorized representative of a member Joseph Eaking

Filing Fee: \$25.00