

Division of Corporations

4/1/24, 9:17 AM

L24000126174

Florida Department of State
Division of Corporations
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(((H24000118885 3)))



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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : SG PROJECT MANAGEMENT LLC
Account Number : 120220000151
Phone : (754)226-4414
Fax Number : (213)867-8984

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TALLAHASSEE, FLORIDA

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BIASHOP LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

K. SALY

APR - 1 2024

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H240001188853

BIASHOP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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CLERK OF THE CIRCUIT COURT
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/13/2024 and assigned
Florida document number L24000126174

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

7393 MEZZANO LN WINTER GARDEN

(Principal office address MUST BE A STREET ADDRESS)

FL 34787

Enter new mailing address, if applicable:

7393 MEZZANO LN WINTER GARDEN

(Mailing address MAY BE A POST OFFICE BOX)

FL 34787

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 Changing Registered Agent, Signature of New Registered Agent

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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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	DAVIDEIER RECASENS, FERNANDA	7393 MEZZANO LN WINTER GARDEN	<input type="checkbox"/> Add
		FL 34787	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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