## L20000109648

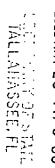
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TO SCANFIC

## **COVER LETTER**

TO: Registration Section
Division of Corporations

BAMBI L SUBJECT:	LC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	ILENE RYDER		
	<del>., </del>	Name of Person	
	BAMBI LLC		
		Firm/Company	
	6187 NW 167 STREET U	NIT H-10	
		Address	
	HIALEAH, FL 33015		
		City/State and Zip Code	
	INFO@LEERYDER.COM		
	E-mail address: (	to be used for future annual report notification)	
For further information	concerning this matter, please concerning the	all:	
ILENE RYDER		305 893-2762 at ()	
Name	of Person	Area Code Daytime Telephone Number	
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & ■ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)	
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

**BAMBI LLC** 

2022 MAY 26 PM 6: 08

(Name of the Limited Lia (A Flo	ability Company as it now appears on our records.)  orida Limited Liability Company)	TOTATE
The Articles of Organization for this Limited Liabilit	ty Company were filed on 05/17/2022 a	
Florida document number L20000109648	·	
This amendment is submitted to amend the following	<b>3</b> .	
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 abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:		<del> </del>
(Principal office address MUST BE A STREET AD	ODRESS)	······································
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		•
B. If amending the registered agent and/or registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:	ered office address on our records, enter the name of tee:  Enter Florida street address	he new register
_	, Florida	<u></u>
	City Zip.	Code
New Registered Agent's Signature, if changing Regist	tered Agent:	
provisions of all statutes relative to the proper an accept the obligations of my position as registered	ent and agree to act in this capacity. I further agree to nd complete performance of my duties, and I am famili d agent as provided for in Chapter 605, F.S. Or, if thi. tered office address, I hereby confirm that the limited	ar with and

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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effective date is listed, the date must te: If the date inserted in this bl	ock does not meet the applicab			
nument's effective date on the D	epartment of State's records.			
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	e date, but not an effective tim	ie, at 12:01 a.m. on the e	artier of: (b) I he yuth day after	er ine
· · · · · · · · · · · · · · · · · · ·				
s filed.				
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ecord specifies a delayed effective s filed.				
s filed.	2022	ized convectorative of a more	nher	
	2022  yales Signature of a member or authori	_ · ized representative of a mer	nber	

## BAMBI LLC., a Florida Limited Liability Company AGREEMENT OF OWNERSHIP

I, Ilene Ryder, as A Member and the Registered Agent for Bambi LLC., a Florida Limited Liability Company, hereby name Flor Craig as A Member and Manger of Bambi, LLC., and Hereby state that upon my demise Flor Craig becomes the sole Member of Bambi, LLC.

dline Prunos	
Ilene Ryder, Mémber of Bambi, LLC.	

Witness:

Printed Name:

Witness:

Printed Name: 🗸

/ /

As Sworn Before me this 17th day of May 2022, did personally appear before me, Ilene Ryder who is personally known to me and did attest to the above statement.

Tamara L. Hodson, Notary Public

My Commission: GG273854

My Commission: January 21, 2023

TAMARA L. HODSON
Commission # GG 273854
Expires January 21, 2023
Bended Thru Troy Fath Insurance 600-385-7019