209000027903

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COVER LETTER

Division of	on Section Corporations	·		
Small SUBJECT:	& Bizoune Company, LLC			
	Name of Lin	nited Liability Company		
The enclosed Article	es of Amendment and fee(s) are sub	omitted for filing.		
Please return all corn	respondence concerning this matter	to the following:		
	Olivier Petit			
		Name of Person		
			**************************************	*> •
		Firm/Company		
	1680 Barton St		•	• 7
		Address	·	f o-man
	Longwood, FL 32750		• ,¹ —	~ **
		City/State and Zip Code	<u>.</u>	
	E-mail address: (to be used for future annual report notif	ication)	
For further informat	ion concerning this matter, please c	all:		
Olivier Petit		321 275-3078 at ()		
Na	ome of Person	Area Code Daytime	Telephone Number	
Enclosed is a check	for the following amount:			
■ \$25.00 Filing Fo	ce \$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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Small & Bizoune Company, LLC		
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
he Articles of Organization for this Limited Liability C	Company were filed on March 23, 2009	and assigned
lorida document number L09000027903	_ ∙	· · · · · ·
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ited liability company here:	
malf & Biz Company, LLC		
he new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
nter new principal offices address, if applicable:		7
Principal office address MUST BE A STREET ADDR	PFSS)	<u> </u>
The part office was est to the first of the		
		-3 1
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		·?
		<u>. </u>
If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:	tered office address on our records, <u>en</u> r <u>ess here</u> :	ter the name of the
New Registered Office Address:	Enter Florida street address	 -
	1 177 page 787 CCS Child CCS	
·	, Florida	Zip Code
	Cny	гір Сояс

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			∧dd
			□ Remove
			☐ Change
			□ Remove
			☐ Change
<u> </u>			□ Add
			Remove
			Change:
			□ Remove
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Iffective date, if other than the an effective date is listed, the date must Note: If the date inserted in this blocoument's effective date on the De	be specific and canno ck does not meet th	ie applicable stati			
e record specifies a delayed The 90th day after the reco		but not an ef	fective time, at 1	2:01 a.m. on the o	earlier (
October 19	201	8			
•					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00