L12000114504

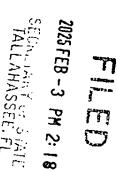
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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S. ROBERTS MAR 0 7 2025

COVER LETTER

TO:

TO: Registration Se Division of Cor			
	OVES LLC		
SUBJECT:	Name of Lim	sited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Craig Stoves		
		Name of Person	
	CRAIG STOVESLLC		
		Firm/Company	···
	6919 W Broward Blvd # 2	35	
		Address	
	Plantation, Florida 33317		
		City/State and Zip Code	
	eraigstoves@yahoo.com	to be used for future annual report no	titication)
For further information c	oncerning this matter, please c	·	
Craig Stoves		954 708 8078 at ()	
Name o	f Person	Area Code Daytir	me Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration So	ection
Division of C	orporations	Division of Co	rporations
P.O. Box 632 Tallahassee, 1		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CRAIG STOVES LLC				
(Name of the Limi	ted Liability Comp: (A Florida Limited	any as it now appears on o Liability Company)	our <u>records.</u>)	
The Articles of Organization for this Limited L lorida document number 1.12000114504	.iability Company 	were filed on Septemb	per 4, 2012	_ and assigned
his amendment is submitted to amend the following	lowing:			
If amending name, enter the new name o	of the limited lial	oility company here:		
BIRRONG ENTERPRISES LLC				
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designa	ntion "LLC" or the abbre	eviation "L.L.C."
nter new principal offices address, if applie	cable:	N/A		
Principal office address MUST BE A STREI	<u>ET ADDRESS)</u>		<u> </u>	2025
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		N/A	ALLAHASSE	SFEB -3 PM
		-	िल	∑ 5
		75	_ 	
s. If amending the registered agent and/or gent and/or the new registered office addre		address on our record	is, <u>enter the name o</u>	of the new regi
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Florida sti	reet 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 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
	N/A	N/A	□Add
			□Remove
			Change
	N/A	N/A	□Add
			□Remove
			□Change
	N/A	N/A	□Add
			□Remove
			□Change
	N/A	N/A	□Add
			□Remove
			□Change
	N/A	N/A	□Add
			□Remove
			□Change
	N/A	N/A	□Add
			□Remove
			□Chun

-	
effective: If t	date, if other than the date of filing:
eord sp s filed.	becifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.	becifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.	1/30/25
s filed.	1