

L15000195426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

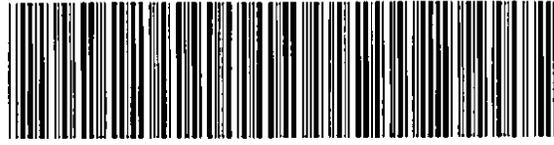
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED 12/04/20

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2020 DEC -4 PM 12:33

DEC 04 2020

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv

ORDER FORM

TO : Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 12/4/2020

PRIORITY Routine

OUR REF # (Order ID#) 874112

ORDER ENTITY

BRING ABUNDANCE, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

BRING ABUNDANCE, LLC (FL)

File the attached amendment and provide a certified copy.

NOTES:

\$55.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Bring Abundance, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11/23/2015 and assigned Florida document number L15000195426.

This amendment is submitted to amend the following:

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

Bring Abundance LLC

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:

2550 Goodlette Rd N

(Principal office address MUST BE A STREET ADDRESS)

Naples, FL 34103

Enter new mailing address, if applicable:

1901 Avenue of the Stars, Ste. 1100

(Mailing address MAY BE A POST OFFICE BOX)

Los Angeles, CA 90067

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

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	2550 Goodlette Rd N	<input type="checkbox"/> Add
_____	_____	Naples, FL 34103	<input type="checkbox"/> Remove
_____	_____	_____	<input checked="" type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Change

