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Certified Copies	Certificates	s of Status
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## **COVER LETTER**

TO: Registration Se Division of Cor					
BLLY420,	LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	HAKSOO S LEE				
		Name of Person			
		Firm/Company			
	10417 GREENMONT DR	IVE			
		Address			
	TAMPA, FL 33626				
	LEE.HAKSOO@GMAIL.G	City/State and Zip Code	TALL	2018	energin <sub>e</sub>
	E-mail address: (	to be used for future annual report notific	cation) HASS	£8	4
For further information c	oncerning this matter, please ca	all:	m̃∹<	1	
HAKSOO S LEE		at ()	TO THE	<u>0</u>	Ü
Name o	f Person	Area Code Daytime	Telephone Number	=======================================	
Enclosed is a check for the	ne following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filin Certificate Certified C (additional co	of Statu:	

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

BLLY420, LLC  (Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w Florida document numberL16000006016	vere filed on 01/08/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabili</u>	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered offi	
registered agent and/or the new registered office address here:	;
Name of New Registered Agent:	7 <u>A</u> .o. 28
New Registered Office Address:	E CARE
	Enter Florida street address
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	E STAN
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p	

If Changing Registered Agent, Signature of New Registered Agent

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>	Name	<u>Address</u>	Type of Action
MGR	CHUNGUN J LEE	10417 GREENMONT DRIVE	□ Add
		TAMPA, FL 33626	■ Remove
			☐ Change
MGR	CHUNGEUN J LEE	10417 GREENMONT DRIVE	Add
		TAMPA, FL 33626	□ Remove
			☐ Change
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f an effective date is listed, <b>Note:</b> If the date inserte	the date must be specified in this block does	ic and cannot be p	prior to date of fil plicable statute	ing or more than 90 ry filing requires	days after filin	ig.) Pursu	ant to 605.
locument's effective da	ite on the Department	of State's reco	rds.	.,	,		
e record specifies The 90th day afte	a delayed effections	ve date, but	not an effe	ctive time, at	12:01 a.m	. on th	ie earlie
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Dated 1 8	7/16						
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Filing Fee: \$25.00