L16000151375

| (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: |
| |
| 07/20/21 |
| 07/22/21 TM |

Office Use Only



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21 JUN 30 PH 2: 44

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: Bamow Custo | mzllc |
| <u> </u> | red Liability Company |
| | |
| The enclosed Articles of Amendment and fee(s) are subn | nitted for filing. |
| Please return all correspondence concerning this matter to | o the following: |
| Dave | Rame of Person |
| Bansi | W Custom 2 (CC Firm/Company |
| 17551 | 5W 38Th. TURRA |
| | Address |
| Deal | a 1Fc 34473 |
| -/ | City/State and Zip Code |
| <u>(Aug 435.</u> E-mail address: (to | 25 & YChO CM be used for future annual report notification) |
| For further information concerning this matter, please cal | 1: |
| Dave Barrow | at (354) 553-6012 Area Code Daytime Telephone Number |
| Name of Person | Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: | |
| ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy tadditional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed) |
| Mailing Address: Registration Section | Street Address: Registration Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 | The Centre of Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION: ARTICLES ORGANIZATIO

| Bamow Cust | 00012 CCC |
|---|---|
| (Name of the Limited Liability Comp. (A Florida Limited | any as it now appears on our records.) Liability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L[6000157375</u>] | were filed on $8-5-16$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | pility company here: |
| The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 175515W38THTERRAL DCala, R 34473 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 17551 Sw38Th terr Rd Ocala = 634473 |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>enter the name of the new registered</u> |
| | ve Barrow |
| New Registered Office Address: 7-55 | Enter Florida street address |
| Ocda | , Florida <u>34473</u> |
| | 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

and all the state of the state AMBR = Authorized Member 21 JUN 30 PH 2: 44 Address Title Type of Action Name 175515W 38Th teared MGR Dave Barrow Ocala 1/2 34473 -Remove □Change _____ □Remove ☐ Change _____ □Add _____ □Remove _____ □Change _____ □Add Change

| | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|--------------------|---|
| | 21 JUN 30 PH 2: 44 |
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| (If an ef Note: | (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(i) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records. |
| the recordis ti | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led. |
| Dated | 6/27 2001. |
| | Signature of a member or anthorized representative of a member |
| | Jennifer Schrell Typed or printed name of signee |
| | Typed or printed name of signee |

Filing Fee: \$25.00