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Division of Corporations trome Fil

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lo:

Division of Corporations has Number : (850)617-6383

from:

Account Name : JECK, HARRIS, RAYNOR \$ JONES, P.A. Account Number : 128000000218 Phone Phone : (\$61)746-1992 Fax Number : (\$61)775-0278

Inter the email address for this business entity to be used for future annual meport mailings. Enter only one email address please.

Email Address: janet@protocolhs.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BYSTANDER 1930, LLC

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

Bystander 1930, LLC			
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)		
	oility Company were filed on09/21/2017	and assigno	:d
Florida document number L17000196844			
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability company here:		
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."	ie
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET.	ADDRESS)		
			 -
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	DX)	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or regi agent and/or the new registered office address h	istered office address on our records, <u>enter the nam</u> nere:	e of the new re	zistered
		20	
Name of New Registered Agent:		2023 H Ā	
N- 8- 100 100 111			
New Registered Office Address:	Enter Florida street address		
		, , ,	
-	, Florida	Zip Codes	<u></u>
New Registered Agent's Signature, if changing Reg	•	~~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	•
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as register	gent and agree to act in this capacity. I further agr and complete performance of my duties, and I am for the red agent as provided for in Chapter 605, F.S. Or, istered office address, I hereby confirm that the lin	amiliar with an if this documen	d

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

Fax: (850) 517-6383

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□ Change

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
		□Remove	
			□Add
			□Remove
			□ Change
			□Add
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