

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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## **COVER LETTER**

	Registration Se Division of Cor					
SUBJEC	BGAN, LL	.C				
		Name of Lim				
		Amendment and fee(s) are sub	<del>-</del>			
		J. Paul Shockey				
			Name of Person			
	BZAN, LLC					
Firm/Company 121 Paradise Valley Dr.						
			Address	· · · · · · · · · · · · · · · · · · ·	75 22	
	Ponte Vedra. Fl 32081					
Jpaulshockey@gmail.com			City/State and Zip Code	TALLAHASS TALLAHASS	<b>.</b>	
		<del>-</del>	to be used for future annual report notif	ication)	SECOND 2 IT	1
For furth	er information c	oncerning this matter, please c	all:		FLOSIA E	. *
J. Paul S	hockey		904 613-5997		Dr. N	
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed	is a check for th	ne following amount:				
<b>□ \$</b> 25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &	

MAILING ADDRESS:

TO:

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

BGAN, LLC			
(Name of the Limi	ted Liability Comp (A Florida Limited	any as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited L		were filed on January 22, 201	8 and assigned
lorida document number L18000019665	·		
his amendment is submitted to amend the foll	owing:		
a. If amending name, enter the new name o	f the limited liah	oility company here:	
3ZAN, LLC			
he new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	NA	· · · · · · · · · · · · · · · · · · ·
Principal office address MUST BE A STREE	T ADDRESS)		1 A S
			F.C. 2 71
Enter new mailing address, if applicable:		NA	HASSE HASSE
Mailing address MAY BE A POST OFFICE	BOX)		MC To the second
			08. 08.
			Om N
3. If amending the registered agent and egistered agent and/or the new registered of			
Name of New Registered Agent:	NA		
New Registered Office Address:	NA		
		Enter Florida street addr	PSS
		, F	lorida
	<del></del>	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>	Name	<u>Address</u>	Type of Action
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mee .	tive date, if other than the date of filing:	문전 	4:42	<b></b> ,
. Effect (If an ef	tive date, if other than the date of filing: (options) Sective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after file	al) <b>≨</b> C'i ing.) Pursi	uant to (	05.0207 (3)
	If the date inserted in this block does not meet the applicable statutory filing requirements, this danent's effective date on the Department of State's records.	ate will r	ot be l	isted as the
	·			
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.ne 90th day after the record is filed.	n. on th	ne ear	lier of:
	1K 2010			
Dated	7-15. 2018 1AD - MM			
	Signature of a member or authorized representative of a member			
	J. Paul Shockey			
	Typed or printed name of signee			

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Filing Fee: \$25.00