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(Re	questor's Name)	
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CECRETARY OF STATE

LALLAHASSEE, FLORID.

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COVER LETTER

TO: Registration Division of C	Section Corporations		
BSS Ma. SUBJECT:	nufacturing LLC		
<u> </u>	Name of Lin	nited Liability Company	
	of Amendment and fee(s) are sub	-	
Trease recuir an extre	Terry Nee	to the Manning.	
		Name of Person	
	BSS Manufacturing LLC		2019 MAR SECRET
		Firm/Company	CRE AR
	1566 N. Meadowcrest Bly	d	12 F
		Address	
	Crystal River, F1, 34429		PH 6: 2
	terry Strigspans.com +	City/State and Zip Code errynee Obig spons. Co	
		to be used for future annual report notifi	cation)
For further information	n concerning this matter, please e	ali:	
Terry Nee		352 419-4890 at ()	
Nam	e of Person		Telephone Number
Enclosed is a check fo	r the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	EJ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ILING ADDRESS:	STREET/COURIE Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BSS Manufacturing LLC			
(Name of the Lim	ited Liability Co (A Florida Lim	Ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited	Liability Comp	pany were filed on 1/24/2018	and assigned
Florida document number L18000021285	·		
This amendment is submitted to amend the fo	lowing:		
A. If amending name, enter the new name	of the limited	liability company here:	23
N/A			
The new name must be distinguishable and contain the	words "Limited I	Liability Company," the designation "LLC" or	the abbreviation "BC."
Enter new principal offices address, if appli	cable:	N/A	7 居
(Principal office address MUST BE A STRE	<u>ET ADDRES:</u>	<u> </u>	R
			<u> </u>
			至 2
Enter new mailing address, if applicable:		N/A	-
(Mailing address MAY BE A POST OFFICE	(BOX)		
B. If amending the registered agent and registered agent and/or the new registered of			enter the name of the new
			
Name of New Registered Agent:	N/A	,	
New Registered Office Address:	N/A		
		Enter Florida street address	
		, Floric	
		City	Zin 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

Title	Name	Address	Type of Action
AMBR	Timothy Nee	1566 N. Meadowcrest Blvd. Crystal River, FI, 34429	■ Add
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m effective (ote: If the	ate is listed, the date must date inserted in this blo	t be specific and ock does not m	cannot be prior t	o date of filing or i	more than 90 days ng requirements	after filing.)	Pursuant to 605 will not be liste	.0207 (3)(b) ed as the
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