## 118000150279

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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	BDByn Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following;	
	Bennet	+ Bynym Name of Person	
	BDBy	Num LLC Firm/Company	
	851 Mil	es Aue.	
	Winter Pu	City/State and Zip Code	39
	Ben Lite	USCONTracting a to be used for future annual report for it	Danail-Com
For further information c	oncerning this matter, please ca	all:	
Bennett Name o	Bynum FPerson	at ( <u>407</u> ) <u>622-</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

BDByrum L	,LC			
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appea lability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company : Florida document number <u>L18000150279</u> .	were filed on	6/19/2018	and as:	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company h	nere:		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the	designation "LLC" or the al	hbreviation "I.	.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		<u>_</u>		<u> </u>
		<u> </u>	<u> </u>	-38 <u>-38</u> -
				- 조취 - 경기…
Enter new mailing address, if applicable:		<u> </u>		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			AH	7.75 m
inding datess may be a rost of rob bear			Ö	- <del> </del>
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B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:	<u> </u>	on our records, enter	the name	of the ne
<del></del>	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			•	
	on to act in this	canacity I further a	aree to com	oly with th
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as t	performance o	of my duties, and I am	familiar w	ith and

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Bennett Bynum	BSI Miles Ave Winter Fach	CL 3278900 Add
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	than the date of filing:			ptional)	
ote: If the date inserted	he date must be specific and earling this block does not me	et the applicable statut	iling or more than 90 days a ory filing requirements.	after filing.) Pursuant to this date will not be	605,020 listed a
cument's effective dat	on the Department of Sta	te's records.			
record specifies a	delayed effective da	te, but not an effe	ective time, at 12:0	)1 a.m. on the ea	arlier d
	the record is filed.				
nted Sept.	24	2018			
		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>			
	//u/	1m	-		_
	Signature of diffic	mber or authorized repro	sentative of a member		
	114	- Z			

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Filing Fee: \$25.00