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12/9/2022

## **COVER LETTER**

TO:

Tallahassee, FL 32314

ΓΟ: Registration S Division of Co			
бивлест: <u>All</u>	Around Old Name of Lim	TOWN LCC ited Liability Company	<del>-</del>
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Frankli	n Babb Jr. Name of Person	
		Firm/Company	<del></del>
	455 Barcel	ona Ave. 5t. Address	Angustine Fl 32054
	51. August	NICE FL 320 City/State and Zip Code	
	<u>AUASOLYOC</u> E-mail address: (i	1010/0000 @ g	mail. Com
For further information	concerning this matter, please ca	all:	
Frank	Babb of Person	at (701) 59 Area Code Daytin	9-1957 ne Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	
Division of 6 P.O. Box 63	Corporations 27	Division of Co The Centre of	
	<del>-</del> ·	0 0 01	<del></del>

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

ALL ATOUND OLD TO (Name of the Limited Liability Compa	WN LLC	2022 DEC -9 PM 12: 11
(A Florida Limited (A Florida Limited)	Liability Company)	SECRETARY OF STATE
The Articles of Organization for this Limited Liability Company Florida document number	were filed on _ Or	SECHE MAY OF STATE TALLAHASSEE, FL and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Frank Bahh LLC The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Trincipal viffice and constitution and a second		
	-	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office	address on our recor	ds, <u>enter the name of the new registered</u>
ngent and/or the new registered office address here:		
Name of Name Banistana d Aganti		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	
	Enter Prortau st	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		Tap Cour
ten Registeren Agent 3 orginature, ir enanging Registeren Agent.	<u> </u>	

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

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•	
Effect	ive date, if other than the date of filing: (optional)
(If an ef	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  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	nent's effective date on the Department of State's records.
	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
ord is fi	led.
	12-9-22
Dated	
	Signature of a member or authorized representative of a member
	Fight Told To
	Franklin T Babb Jo  Typed or printed name of signee