# L18000205289

| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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### **COVER LETTER**

| Div                | ision of Corp                             | orations  |   |  |  |  |
|--------------------|---|---|---|--|--|--|
| SUBJECT:           | Blyb.com LLC                              |   |   |  |  |  |
| Sellatte I.        | Name of Limited Liability Company         |   |   |  |  |  |
| The enclosed       | l Articles of A                           | mendment and fee(s) are sub                     | mitted for filing   |  |  |  |
|                    |   |   | _   |  |  |  |
| Please return      | all correspon                             | dence concerning this matter                    | to the following:   |  |  |  |
|                    |   | John Few  |   |  |  |  |
|                    |   | <del>4-</del>                                   | Name of Person  | ** ***   |  |  |
|                    |   | Blyb.com LLC                                    |   |  |  |  |
|                    |   |   | Firm/Company  | <del></del>  |  |  |
|                    | 2519 N McMullen Booth RD Suite #510253    |   |   |  |  |  |
|                    |   |   | Address   | <del></del>  |  |  |
|                    | Clearwater FL 33761                       |   |   |  |  |  |
|                    | City/State and Zip Code Blybcom@gmail.com |   |   |  |  |  |
|                    |   | E-mail address: (                               | to be used for future annual report notition                        | cation)  |  |  |
| For further is     | nformation cor                            | ncerning this matter, please ca                 | all:  |  |  |  |
| John Few           |   |   | 832 715-3356  |  |  |  |
|                    | Name of                                   | Person  |   | Telephone Number   |  |  |
| Enclosed is a      | check for the                             | following amount:                               |   |  |  |  |
| <b>≘</b> \$25.00 F | filing Fee                                | ☐ \$30.00 Filing Fee &<br>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:

TO:

**Registration Section** 

Registration Section Division of Corporations P.O. Box 6327 Tałlahassee, 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

| Błyb.com LLC  |  |  |                          |                                     |              |  |
|---|--|--|--------------------------|-------------------------------------|--------------|--|
| (Name of the Limi   | ted Liability Compa<br>(A Florida Limited) | iny as it now appears on our<br>Liability Company) | records.)                | <del></del>                         |              |  |
| The Articles of Organization for this Limited Liability Company were filed on 8/27/18  Florida document number L18000205289 |  |  |                          |                                     | and assigned |  |
| This amendment is submitted to amend the foll   | owing:                                     |  |                          |                                     |              |  |
| A. If amending name, enter the new name of  | f the limited liab                         | ility company here:                                |                          |                                     |              |  |
| The new name must be distinguishable and contain the v  | words "Limited Liabi                       | lity Company," the designation                     | n "LLC" or the abbrevi   | ation "L.L.                         | C."          |  |
| Enter new principal offices address, if applic  | cable:                                     | 3030 N. Rocky Point D                              | Dr.                      |                                     | .*3          |  |
| (Principal office address MUST BE A STREI   | STE 150A                                   |  | <b>5</b>                 | ₩.S.                                |              |  |
|   | _  | Tampa FL 33607                                     |                          | SEF                                 | <u> </u>     |  |
| Enter new mailing address, if applicable:   | 3030 N, Rocky Point D                      | Or.  | 27 A                     | 14 ( 0 %)<br>14 ( 0 %)<br>14 ( 0 %) |              |  |
| (Mailing address MAY BE A POST OFFICE   | BOX)                                       | STE 150A   |                          | <u>∓</u>                            | 7:17         |  |
|   | <del></del>                                | Tampa FL 33607                                     |                          | 2                                   | 57           |  |
| B. If amending the registered agent and registered agent and/or the new registered o  | ffice address her                          |  | ecords, <u>enter the</u> | name of                             | the ne       |  |
| •   | 3030 N Pock                                | y Point Dr. STE 150A                               |                          |                                     |              |  |
| New Registered Office Address:  | 0000 N. TOOK                               | Enter Florida street                               | address                  |                                     |              |  |
|   | Tampa                                      |  | , Florida <u>33607</u>   |                                     |              |  |
|   |  | City   |                          | ip 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> | <u>Name</u> | Address   | Type of Action |
|--------------|-------------|---|----------------|
|              | John Few    | 2519 N McMullen Booth RD #<br>Clearwater FL 33761 | ■ Add          |
|              |             |   | ☐ Remove       |
|              |             |   | П.С            |
|              | Jael Few    | 2519 N McMullen Booth RD #<br>Clearwater FL 33761 | ■ Add          |
|              |             |   | Remove         |
|              |             | <del> </del>                                      | Change         |
|              |             |   |                |
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| ective date, if other than the  | date of filing: | (optional)   |                |
|                                 |                 | of filing or more than 90 days after filing.) atutory filing requirements, this date v |                |
| ument's effective date on the D |                 | , , ,  |                |
|                                 |                 |  |                |
|                                 |                 | effective time, at 12:01 a.m. o  | on the earlier |
| he 90th day after the rec       | ora is illea.   |  |                |
| September 1                     | 2018            |  |                |
| ed                              |                 |  |                |
|                                 |                 |  |                |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00

# **INITIAL RESOLUTIONS**

| Morgan Noble |   |  | Registered Agent, LLC., being the Organizer of   |
|--------------|---|--|--|
| Blyb.com LLC |   | , a Florida                            | Limited Liability Company, hereby  |
|              | ve to relinquish signing<br>ving resolutions: | authority to th                        | ne Members named below and adopt the   |
| 1.           |   |  | the Limited Liability Company are hereby terest in the Limited Liability Company:  |
|              |   | Jo                                     | ohn Few  |
|              |   | Ja                                     | ael Few  |
| 2.           | Resolved, that Blyb.c                         | ∞m LLC                                 | was organized on 08/27/18  |
|              | in the State of Florida<br>L18000205289       | wi<br>_·                               | th assigned filing number  |
| 3.           | Resolved, that the c<br>Limited Liability Com | · •                                    | cles of Organization of the above named ete.   |
| 4.           | and included as offic<br>chooses to adopt a n | ial records of to<br>nore detailed o   | ons of an operating agreement be adopted the Limited Liability Company. If members operating agreement, then such agreement provisions in the original operating |
| 5.           | the full extent of their                      | r limitation of lia<br>naintain formal | d a limited liability company, and is entitled to ability pursuant to state law. Furthermore, lities of a limited liability company does not on under state law. |
| <u>~</u>     | Jongon Jobben                                 |  | 08/30/18   |