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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

Division of Cor				
SUBJECT:	Big Bucks Bil	lings LLC		
	Name of Lim	ited 134 bility Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Chas	Uriude Name of Person		
		Bucks Billinus LLC		, , ,
	1551 N 12	* CT Apt 12A Address		
	Hollywood	FL 3301Q City/State and Zip Code		
	E-mail address: (arte2010@gahoo	otification)	
For further information c	oncerning this matter, please ca		,	
Chris Name o	Uriw K	at (<u>954)</u> Dayt	-5984 ine Telephone Number	
Enclosed is a check for th	ne 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 \$ta Certified Copy (additional copy is er	itus &
Registr	ING ADDRESS: ration Section on of Corporations	STREET/COU Registration Sec Division of Corp		

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIG BUCK S BILLINGS LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 5	cotanbo ?	17th 2018 and a	ssigned
Florida document number <u>L1800033068</u>		•		ame of the new
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :		
			. 23	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the des	ignation "LLC"	or the abbreviation	L.L.C
Enter new principal offices address, if applicable:			. 	
(Principal office address MUST BE A STREET ADDRESS)			و :	<u>in</u>
		- 	· · · · · · · · · · · · · · · · · · ·	0
			· 	
Enter new mailing address, if applicable:	•		. N	
(Mailing address MAY BE A POST OFFICE BOX)			·	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records,	enter the nam	e of the new
Name of New Registered Agent:				
New Registered Office Address:	·		· - · · ·	
	Enter Florid	la street address		
		, Flor		
	City		Zip Cod	le

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
MGR_	Chris Uriarte	1551 N 12th CT Apt 1219	d
		Hollywood FL 33019	☐ Remove
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recor he 90	d specifies Ith day aft	a delay er the re	ed effecti ecord is fi	ve da led.	ite, but	not an e	effective	time, at	12:01 a	a.m. o	n the e	arlier
ed	Octob	ner 2	4+5		20.	8 2	,					
				<u></u>	Kn		<i>,</i>	, -				_
			Signature	ola me	ember or a	uthorized r	epresentativ	e of a memb	er			

Page 3 of 3

Filing Fee: \$25.00