## 119000062112

(Requestor's Name)
(Address)
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(8) 19 77 79
(City/State/Zip/Phone #)
PiCK-UP WAIT MAIL
(Business Entity Name)
(=======, -====,
(Document Number)
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## **COVER LETTER**

Division of Cor			
SUBJECT: Bf		UIIDCGS LI	LC
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
	ndence concerning this matter		
	DARZON	Name of Person	
		+ Bull DoGS L	
	2648 M	JUSKY Mint DR	11/8
	LAND OF DMACFL	LAKES FL 34  City/State and Zip Code  1 R YAhoo, Com  to be used for future annual report notifie	638
For further information co	ncerning this matter, please ca		ration)
DARRON 1 Name of I	MC NEI	at (727) 385. Area Code Daytime	1940 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)	Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAY AREA BUILDOG INVESTORS "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 Terida document number <u>L19000062112</u> .	were filed on MARCH DY 2019 and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab BBY AREA BUILDOGS he is ew name must be distinguishable and contain the words "Limited Liabs	LLC lity Company," the designation "LLC" or the abbreviation "L.L.C."
Et ter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRESS)</u>	2648 MUSKY MINT DRIVE LAND OLAKES FL 34638
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u> )	SAME AS PRINCIPAL OFFICE  ADDRESS  THE ST.
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	EE. J
Name of New Registered Agent:	Changes PA 5
New Registered Office Address:	Enter Florida street address
	, Florida Zap Coae
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 proper wistons 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.

The Changes

If Changing Registered Agent, Signature of New Registered Agent

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added a resmoved from our records:

AGR = Manager

MBR = Authorized Member

<u> Firle</u>	<u>Name</u>	Address	Type of Action
	no changes		□Add
			Remove
			Change
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N'Ata:	ve date, if other than the date of filing:  retive 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 t  em's effective date on the Department of State's records.
ie recor ord is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (5) The 90th day after the ed.
Dated	August 21 2021
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00