

L19 0000 97554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

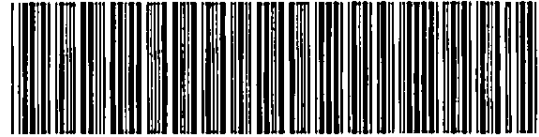
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800369206788

07/01/21--01013--029 **25.00

7/23/21
[Signature]

20
FRI 07D
JUL 1 11 58 AM '21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BANDZ LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

John Gardepe
Name of Person

Firm/Company

2834 26th Ave N
Address

St Petersburg, FL 33713
City/State and Zip Code

gardepe.john@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Gardepe at (570) 228-1444
Name of Person Area Code Daytime 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)

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

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**

BANDZ 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 04/09/2019 and assigned Florida document number L19000097554.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4658 Helena St NE, St. Petersburg, FL 33703

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

4658 Helena St NE, St. Petersburg, FL 33703

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Blake Fostvedt

New Registered Office Address: 4658 Helena St NE

Enter Florida street address

St Petersburg

Florida 33703

City

Zip 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.

DocuSigned by:

Blake Fostvedt

If Changing Registered Agent, Signature of New Registered Agent

in 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>	<u>Type of Action</u>
MGR	John Gardepe	2834 26th Ave N	<input type="checkbox"/> Add
		St Petersburg, FL 33713	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Blake Fostvedt	4658 Helena St NE	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33703	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated June 4, 2021

DocuSigned by Mollie Naig

Signature of a member or authorized representative of a member

Mollie Naig

Typed or printed name of signee

Vertical stamp: JUN 11 11:39:05