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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

Enter the email address for this business entity to be used for 'future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN -BELL SOCIAL MEDIA SOLUTIONS LLC

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TO:

Registration Section

COVER LETTER

SUBJECT: BELL SOCIAL MEDIA SOLUTIONS LLC Name of Limited Liability Company	Div	ision of Corp	orations			
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: Cheyenne Moscley Name of Person Legalzoom.com, Inc. Firm/Company 101 N Brand Blvd 11th F1 Address Glendale, CA 91203 Cisy/State and Zip Code Almabell1913@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cheyenne Moseley 800 773-0888 at (SURIFCT	BELL SOCI	AL MEDIA SOLUTIONS LL	С		
Please return all correspondence concerning this matter to the following: Cheyenne Moscley Name of Person Legalzoom.com, Inc. Firm/Company 101 N Brand Blvd 11th Fl Address Glendale, CA 91203 City/State and Zip Code Almabell1913@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cheyenne Moseley Name of Person 1 800 773-0888 Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy Certificate of Status & Certified Copy	JUINIECT		Name of Limit	led Liability Company		
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Legalzoom.com, Inc. Firm/Company			Cheyenne Moscley			
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Cheyenne Moseley 800 773-0888 at (~ -	be used for future annual so	eport notification)	
Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee Certificate of Status □ \$60.00 Filing Fee, Certificate of Status	For further in	formation co	ncerning this matter, please cal	H:		
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□ \$25.00 Filing Fcc & □ \$30.00 Filing Fcc & □ \$60.00 Filing Fcc, Certificate of Status & Certificate of Status &		Name of	Person	Area Code	Daytime Telephone Number	
Certificate of Status Certified Copy Certificate of Status &	Enclosed is a	check for the	following amount:			
(additional copy is enclosed)	□ \$25.00 F	iling Fee	☐ \$30.00 Filing Fcc & Certificate of Status	Certified Copy	Certifica (Sed) Certified	te of Status & Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

From: James Wiseman

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 05/16/2019	and assigned
Florida document number L19000132578	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Badl-lyer LLC	
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:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Muiling address MAY BE A POST OFFICE BOX)	ప
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	⊳) :
B. If amending the registered agent and/or registered office address on our records, entered agent and/or the new registered office address here:	er the name of the nev
registered agent and/or the new registered office address here.	-
Name of New Registered Agent:	: O6
Name Of New Registered Agent.	
New Registered Office Address: Enter Florida street address	
, Florida,	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Esp Code
I hereby accept the appointment as registered agent and agree to act in this capacity. I further a provisions of all statutes relative to the proper and complete performance of my duties, and I am	

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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
			Change
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			Change
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			Remove
			□ Change
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			□ Remove
			Change

. If amending any othe	er information, enter change(s) here: (Attach	additional sheets, if necessary.)	
			
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Effective date, if other (If an effective date is listed,	r than the date of filing: the date must be specific and cannot be prior to date of filing in this block does not meet the applicable statutor te on the Department of State's records.		
Note: If the date inserte			
Note: If the date inserte document's effective dat	a delayed effective date, but not an effec	tive time, at 12:01 a.m. on the ear	lier of:
Note: If the date inserte document's effective date the record specifies a	a delayed effective date, but not an effec	tive time, at 12:01 a.m. on the ear	lier of:

Ta:

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Typed or printed name of signee

Alma Bell

Filing Fee: \$25.00