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Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division o	of Corpo	rations				
	BOLZAM HOLDINGS LLC					
SUBJECT:		Name of Limited Liability Company				
The enclosed Articl	les of Ai	nendment and fee(s) are sub-	nitted for filing.			
Please return all co	rrespond	lence concerning this matter (to the following:			
		MONIKA MARCZEWSKA				
		BOLZAM HOLDINGS LLC	Name of Person		· · · · · · · · · · · · · · · · · · ·	
		15420 BAREBACK DR	Firm/Company			
		JACKSONVILLE FL 32234	Address			
		monikam12@gmail.com	City/State and Zip Code		on all try dis-	
		E-mail address: (t	o be used for future annua	l report notifica	tion)	
For further informa	tion con	cerning this matter, please ca	ill:			
MONIKA MARCZ	ZEWSK	4	at ()	.08) 8099899		
, >	lame of P	crson	Area Code	Daytime To	elephone Number	
Enclosed is a check	for the	following amount:				
■ \$25.00 Filing F	Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
R	Registrat	G ADDRESS: ion Section of Corporations	Registra	T/COURIER tion Section of Corporation		

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lin	(A Florida Limited	pany as it now appear I Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Florida document number L19000196856	Liability Compan	y were filed on AL	JGUST 01 2019	and assigned
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited lia	bility company he	e <u>re</u> :	
N/A				
The new name must be distinguishable and contain the	words "Limited Liai	bility Company," the d	lesignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appl	15420 BAREB	BACK DR JACKSON	VILLE FL 32234	
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:	15420 BAREBACK DR JACKSONVILLE FL 32234			
(Mailing address MAY BE A POST OFFICE				
B. If amending the registered agent an registered agent and/or the new registered			our records, <u>ente</u>	er the name of the n
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
rew reginered office radiess.		Enter Florida street address		
			, Florida	
		City	Florida _	Zip Code
New Registered Agent's Signature, if changing	Registered Agen	<u>t:</u>		
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg	per and complet	te performance of	my duties, and I an	r familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
N/A	N/A	N/A	
			Remove
			Change
			Remove
			□ Change
			19 19 19 19 19 19
			Remove 7
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			Add → Add
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			Change

N/A 			
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		\$ **	<u>\</u>
E. Effective date, if other than the da (If an effective date is listed, the date must b Note: If the date inserted in this block document's effective date on the Depart	e specific and cannot be prior to date of filing or it does not meet the applicable statutory fili	(optional) more than 90 days after filing.) Pursuant ng requirements, this date will not b	to 605.0207 (3 be listed as th
If the record specifies a delayed of (b) The 90th day after the recor	effective date, but not an effective d is filed.	time, at 12:01 a.m. on the	earlier of:
OCTOBER 05	2019		
<u> </u>	anika Havelet-Iska gnature of a member or authorized representativ	or of a roumbur	_ _
		e or a memori	
MONIKA MARCZEWSK	A Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00