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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO:

TO: Registration Se Division of Cor				
SUBJECT:	B!g Luv, LLC			
SCB/RC1:	Name of Lim	ited Liability 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:		
	Shane A. Barre	t		
		Name of Person		
	B!g Luv, LLC			
		Firm Company		
	913 Ponderosa	Pine Lane		
	<u> </u>	Address		
	Sarasota, FL 3	Sarasota, FL 34243 City State and Zip Code		
	bigluvllc@gr			
		to be used for future annual report not	incation)	
For further information c	oncerning this matter, please c	all:		
Shane A. Barrett		at (941) 312-50	03	
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	IX \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address		Street Address:	and an	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 632		The Centre of		
Tallahassee,			oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blg Luv, LLC	
(Name of the Limited Liabili	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document numberL19000290196	ompany were filed on <u>November 22, 2019</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
Big Luv, LLC	
The new name must be distinguishable and contain the words "Lim	nited 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 ADDR	RESS)
Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE BOX)	TALLAHASS
	d office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	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.

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>	<u>Name</u>		<u>Address</u>	Type of Action
				□Add
				Remove
				☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
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V ffactive	e date, if other than the date of filing:
(If an effect Note: If	tive 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 (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it is effective date on the Department of State's records.
the record : ford is filed	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 i.
	December 10 2019
Dated _	December 10 2019 . Skare A Barrae

Filing Fee: \$25.00

Typed or printed name of signee