L200000133/8

(Re	questor's Name)	
(Ad	dress)	-
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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A. BUTLER

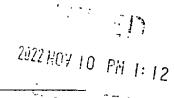
FEB = 1 2023

COVER LETTER

Division of Cor			
SUBJECT: BGF Ho	Idinas IIC		
SUBJECT: BOT TO	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
	indence concerning this matter	_	
·	_	Ů	
	Brennan Filion		
		Name of Person	
	BGF Holdings, LLC		
		Firm/Company	
	25941 US HWY 19 N	I. #16302	
		Address	
	Clearwater, FL 33763		
	Admin @BOEUaldina	City/State and Zip Code	
	Admin@BGFHoldings E-mail address: (SLLC.COM to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Brennan Filion		at (_727) 785-7580)
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of C	orporations	Division of Co.	rporations
P.O. Box 632 Tallahassee, 1		The Centre of 2415 N. Monro	Fallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



BGF Holdings, 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 Comp	March	16, 2020 and ass	aius ad
Florida document numberL20000083318	daily were fried on	and ass	agued
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
Dangle It. LLC			
The new name must be distinguishable and contain the words "Limited I	Liability Company." the designati	on "LLC" or the abbreviation "L	.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off agent and/or the new registered office address here: Name of New Registered Agent:	lice address on our records	, <u>enter the name of the ne</u>	w registered
New Registered Office Address:	Enter Florida stre	at coddmin.	
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered Ag	ent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my di as provided for in Chapte	ties, and I am familiar wi r 605, F.S. Or, if this doct	th and ument is

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
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	—
rote	ive date, if other than the date of filing:
he reco ord is fi	d 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 led.
Dated	November 8 th 2022
	Brennan Filion Signature of a member of authorized representative of a member
	Signature of a member or authorized representative of a member
	Brennan Filion

Filing Fee: \$25.00