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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Business Littly Name)
(Document Number)
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT: BUSINESS FIGH TRY Name of Limited	Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted	ted for filing.	
Please return all correspondence concerning this matter to the	he following:	
Travis Hay	Name of Person	<del></del>
Business Fi	rst TRD Firm/Company	
9aa W Dr	ew St Address	
<u>Lantana</u> F	1 334Q2 City/State and Zip Code	<u> </u>
gorden Fisher E-mail address: (to be	r men Dam c used for future annual report noti	fication)
For further information concerning this matter, please call:		
Travis Hayes Name of Person	at ( <u>500)</u> <u>870</u> Area Code Daytim	9438 te Telephone Number
Enclosed is a check for the following amount:		
LJ \$25.00 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 Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Tallahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Business First T	RD			
(Name of the Limited Liability Company (A Florida Limited Lia	<u>as it now appears</u> ibility Company)	on our records.)		
The Articles of Organization for this Limited Liability Company w	rere filed on	)H-02-20	220 and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ity company her	<u>e</u> :		
The new name must be distinguishable and contain the words "Limited Liability	v Company," the des	signation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			.;	
(Principal office address MUST BE A STREET ADDRESS)			::	
			<u> </u>	
			1 1	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			<del></del>	
B. It amending the registered agent and/or registered office adapted and/or the new registered office address here:	ldress on our re	cords, <u>enter the n</u>	ame of the new registered	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street oddress			
	-	, Florida	2: 6	
New Desistered Agent's Signature if changing Desistered Agent-	City		Zip Code	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	e <mark>rform</mark> ance of n ovided for in Cl	ny duties, and I a hapter 605, F.S. (	m familiar with and Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

Travis	Hayes	Should	be	list-en	<u>as</u>
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ediye daio is listed, th	than the date of fili	ed conneits prior to de	ik of filing or i	பைய்ய 20 ப்புக்கி	tional) ភេពីពន្ធ) ពិធនធានិសេទ
	in this block does not on the Department of		statutory filia	ng requirements, t	his date will not be li
	d effective date, but n	ot an effective time,	at 12:01 a.m.	on the earlier of:	(b) The 90th day at
<u>ed.</u>				Δ	
Januari	and	2023			
<u>January</u>		· « <u>· · · · · · · · · · · · · · · · · · </u>			
	K	122	<u> </u>		
- <del>-</del>	Signature of	a member or authorized	d representativ	c of a member	
	_		-		

• • •

Filing Fee: \$25.00

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>	Address	Type of Action
MGR	Travis Hayes	922 WDrew Stlantona A3	Ovgg
	-	· · · · · · · · · · · · · · · · · · ·	□Remove
			Change
<del></del>			L Add
			□Remove
			ii Change
		<del></del>	— Bydd
			Add S C Directions
			Change
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