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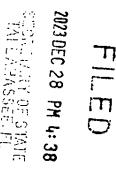
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

	tion Section of Corporations
SUBJECT:	the Business Red Company LLC Name of Limited Liability Company
The enclosed Artic	cles of Amendment and fee(s) are submitted for filing.
Please return all co	orrespondence concerning this matter to the following:
	Irevor E. Richards Name of Person
	The Business Red Co-11C Firm/Company
	4709 Luciene Rafe Blad- E. apt. 204
	Lakeworth Florida 33467
	City/State and Zip Code  trevorrichardo 917 egmail. com  E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
Trevor	Name of Person  at (561) 797-4239  Area Code Daytime Telephone Number
Enclosed is a chec	ck for the following amount:
□ \$25.00 Filing	Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  \$60.00 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 Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT, TO ARTICLES OF ORGANIZATION OF

_ The Business &	Led Company LhC  (as it now appears on our records.)  (ability Company)  1/20/2023
(Name of the Limited Liability Compan (A Florida Limited Li	vas it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number	were filed on $\frac{1/20/2023}{\text{and assigned}}$
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile    Star apple	14C
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	28
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	Idress on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	₽ladda
	, 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or remo	vea from our records:		
MGR =	Manager		
AMBR =	= Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
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record spe is filed.	cifies a dela	ayed effective	date, but not	an effective tin	ne, at 12:01 a	.m. on the e	arlier of: (b) Th	e 90th day after th
ited	12/2	0/202	<del>23</del> ,		<del></del>			, .
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-			Signature of a m	omber or author	ized representa	tive of a me	nber	