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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
SUBJECT:	Bite The T	Just LLC	
	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	<u> </u>	Name of Person	ns:en
	Bit	e The Dust Firm/Company	LLC
	8242 Ca	mpflowers Ro	<u> </u>
	youngst	OWN, FL 324 City/State and Zip Code	166
	Majorie Wr E-mail address: (to	ight@anail.(fication)
For further information c	oncerning this matter, please cal	11:	
CUTOTIE Name o	E Christenser Person) at (<u>850</u>) <u>890 –</u> Area Code Daytim	0938 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S	Section	Street Address; Registration Se	
Division of C		Division of Cor The Centre of 1	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	he Dus	+ LLC		20201'''' 18 PH 4: 10
(Name of the Limiter	d Liability Company A Florida Limited Lia	as it now appears of bility Company)	n our records.)	
The Articles of Organization for this Limited Lia	bility Company w	ere filed on <u>OY</u>	09/20	20 and assigned
Florida document number <u>L20000</u>			•	
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabili	ty company here:	:	
The new name must be distinguishable and contain the wo	rds "Limited Liability	/ Company," the desig	gnation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	NA		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u>(OX)</u>		 .	
B. If amending the registered agent and/or registered office address		dress on our reco	rds, <u>enter the</u>	name of the new registered
Name of New Registered Agent:	N/A			
New Registered Office Address:		Entar Charida	street address	
		ાગાના હતા		
		City	, Florid	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
ingR	Marjorie Christensen	8242 campflower's Rd	MAdd
		Youngstown, FL 32466	🗆 Remove
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Signature of a member or authorized representative of a member	ated	
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