## K20 000 142409

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(City	y/State/Zip/Phone #	<del>f)</del>
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Office Use Only



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## COVER LETTER

TO: Registration Division of C			
	W AIR LLC		
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	pondence concerning this matte	r to the following:	
	LOVETTE DOBSON		
		Name of Person	
	INCFILE.COM LLC		
		Firm/Company	
	17350 STATE HWY 249	STE 220	
		Address	
	HOUSTON, TX 77064		
	EFILE1234@INCFILE.CO	City/State and Zip Code	
		(to be used for future annual report notification)	
For further information	concerning this matter, please of	rall:	
LOVETTE DOBSON		888 462-3453	
Name	of Person	Area Code Daytime Telephone ?	Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Co (additional copy is enclosed) Co	0.00 Filing Fee, ertificate of Status & ertified Copy Iditional copy is enclosed)
Mailing Addre Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, St Tallahassee, FL 32303	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIGELOW A			
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L20000142409  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liab	were filed on 05/26/2020 and assigned		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	303 E Woolbright RD # 272		
(Principal office address MUST BE A STREET ADDRESS)	Boynton Beach, FL 33435		
Enter new mailing address, if applicable:	303 E Woolbright RD # 272		
(Mailing address MAY BE A POST OFFICE BOX)	Boynton Beach, FL 33435		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	iddress on our records, enter the name of the new registered		
New Registered Office Address:	_		
New Negistered Office Address.	Enter Florida street address		
New Registered Agent's Signature, if changing Registered Agent:	City , Florida		
hereby accept the appointment as registered agent and agreence or ovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as poeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is		

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
AMBR	Zackary Sousa	303 E Woolbright RD # 272	□Add
		Boynton Beach, FL 33435	Remove
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an effective date is listed, the date n	ust be specific and cannot be p	prior to date of filing or m	ore than 90 days after filir	ig.) Pursuant to 605.0207
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ecord specifies a delayed effect	ive date, but not an effectiv	ve time, at 12:01 a.m.	on the earlier of: (b)	l E
is filed.			<u> </u>	Ħ Ħ
March 24	2021		·	
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Tackar	Signature of a member or a			
2000 1000	Signature of a member or a	uthorized representative	of a member	<del></del>
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