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JUL 0 8 2020 S. YOUNG

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Mita	hell Dean Real	tx 1-6C	
	Name of Limi	ifed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
	indence concerning this matter		
		•	
	Matthew	Bessette Name of Person	
	Bessett	Ventures LL Firm-Company	<u></u>
	1902 W	Main St. Ste	206
	7	E/ 2360	フ
	lampa	City/State and Zip Code	
	matt.bess	to the 92 @ 9m4//. (o	m
	E-mail address: (	to be used for future annual report noti	fication)
For further information c	concerning this matter, please co	all:	
Matthey.	Bessette	727 ) 3/2-8	7838
Name (	Terson	at ( <u>72-7</u> ) <u>3/8-8</u> Area Code Daytim	te Telephone Number
Enclosed is a check for t	he following amount:		
\$\$\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	LI \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	ection
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632	27	The Centre of T	Fallahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICIALISTI		23
(	)F	2020
(A Florida Limited	Plealty LLC any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on $6/2/20$	20% and addigned—
Florida document number <u>L 20000   4 9 6 3 4</u> .		40
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	da
	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Bassotte Ventures LLC	1902 W Main St.	🗀 Add
		Ste 206	<b>⊠</b> Remove
		Tampa, FL 33607	□Change
AMBR	Matthew Bessette	1902 W Main St.	<b>※</b> Add
		Ste 206	□Remove
		Tampa, FL 33607	□Change
		<u></u>	
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			\( \tag{Z}\) Add
			□Remove
			□Change
			'∐Add
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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F2 64	
(If an el Note:	tive date, if other than the date of filing:
he reco ord is f	rd 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 filed.
Dated	June 11th 2020
	All the state of t
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00