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SECRETARY OF STATE

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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of	f Corporations			
	SOMI. LLC	,	\$ \$	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Article	es of Amendment and fee(s) are sub	omitted for filing.		
Please return all cor	respondence concerning this matter	to the following:		
	Myrtle E. Perdue			
		Name of Person		
	BELASOMI, LLC			
		Firm/Company		
	15953 SW 15th Street			
	*** ***	Address		
	Pembroke Pines, FL 3302	7		
		City/State and Zip Code		
	pmyrtle7@gmail.com	7. S 10 . 6 A		
		to be used for future annual report notif	(cation)	
For further informat	ion concerning this matter, please c	all:		
Myrtle E. Perdue		754 273-6374 at ()	1 2 24S	2020
N:	ame of Person		Telephone Number	2020 JUN 29
Enclosed is a check	for the following amount:		HASS	29 P
■ \$25.00 Filing F		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Feed Certificate of State Certified Copy re tadditional copy is end	54. 64444444444
<u>Mailing Ac</u> Registrat	<u>Idress:</u> ion Section	Street Address: Registration Sec	tion	
Division	of Corporations	Division of Corp	oorations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on <u>June 16</u>, 2020 and assigned Florida document number 1,20000166050 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 2004 2nd Avenue East Enter new principal offices address, if applicable: Palmetto, FL 34221-3308 (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 address on our records, enter the name registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida City

New Registered Agent's Signature, if changing Registered Agent:

BELASOMI, LLC

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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	Type of Action
AMBR	Myrtle L. Perdue, Sr.	15953 SW 15th Street	□Add
		Pembroke Pines, FL 33027	Remove
			□Change
AMBR	Bennie L. Perdue, Sr.	15953 SW 15th Street	≅Add
		Pembroke Pines, FL 33027	□Remove
			□ Change
			□Add
			□Remove
			Change
			SECRETARY OF TALLAHASS
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Filing Fee: \$25.00