L20000187450

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COVER LETTER

TO: Registration Sect Division of Corpo			
subject: <u>BDB</u>	z Crew LLC Name of Limite	d Liability Company	
The enclosed Articles of A	mendment and fee(s) are submi	itted for filing.	
Please return all correspon	dence concerning this matter to	the following:	
	bruis Edward	Name of Person	
		Firm/Company	
	5555 Klond	ke Road Address	<u> </u>
	Bascom, Fl	32423 City/State and Zip Code	
	E-mail address: (to	be used for future annual report noti	fication)
For further information co	ncerning this matter, please call	l:	
hrvis Edward Name of	Person	at (<u>850</u>) <u> </u>	o 7 (o 9 c Telephone Number
Enclosed is a check for the	e 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 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

200A 01" -6 PH 12: 03 imited 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 67 Florida document number <u>L20000187450</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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	brvis Edwards	5555 Klondike Road	B Xdd
			□Remove
			□Change
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an effective Note: If the	date is listed, the date inserted in	tan the date of date must be speci in this block does on the Departme	rific and cars s not mee	t the applic:	to date of filing	g or more than r filing requi	90 days after (rements, this	īling.) Pursuant t	o 605.0207 (e listed as t
record spe d is filed.	cifies a delayed	effective date, b	but not an	effective ti	ne, at 12:01	a.m. on the	earlier of: (b)	The 90th day	after the
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