L20000190755

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone	#)	
PICK-UP WAIT	MAIL	
(Business Entity Name	e)	
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

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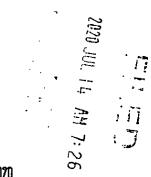


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AUG 24 2020

S. YOUNG

COVER LETTER

Division of Corp.	or a crous			
SUBJECT: Bes	, + TOUCH M Name of Limi	ub. 12 Detali	ng,LLC	
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.		
Please return all correspond	dence concerning this matter t	to the following:		
Troube return an observation		······································		
	Josep	Name of Person		
	`	Name of Person		
		Firm/Company		
	Conno		_	
	Dog (1)	st Pire Dr. It &	27	
		Address		
	orlando,	FL 3J & J & S City/State and Zip Code		
	E-mail address: (to	overa rocketment	cation)	
For further information cor	ncerning this matter, please ca			
Jo 2000	Glover	at (765) 725— Area Code Daytime	1113	
Name of I	Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,	
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	

TO:

Registration Section

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

Florida document number L. 20000190755 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 _, Florida __ City

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
AMRR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			🗆 Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
the changing company name due to spelling ever Detaling should be detailing. Sorry
Spelling and Detaling Smould be
detailing, Sorry
\mathcal{L}
E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's records.
If the record 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
record is filed.
Dated July 16-12 2020.
Dated
how the
Signature of a member or authorized representative of a member
Jacob William Color
Typed or printed name of signee

Filing Fee: \$25.00