120000193106

(Req	uestor's Name)	
(Add	ress)	<u> </u>
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COVER LETTER

Division of Co			
SHOP ABS	S, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	RICHARD L. BARNER,		
	-	Name of Person	
		Firm/Company	
	1202 SW 17TH STREET :	SUFFE 102	
		Address	
	OCALA, FL 34471		
		City/State and Zip Code	
	christian@wwaflorida.com	to be used for future annual repo	rt notification)
For further information of	concerning this matter, please c	·	
RICHARD L. BARNER	R JR.	at () 861-96	00
Name c	of Person	Area Code E	laytime Telephone Number
Enclosed is a check for t	he 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 Addres		Street Addre	
Registration : Division of C		Registratio Division of	n Section Corporations
DO Box 63			of Tallahawaa

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHOP ABS, LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number L20000193106	mpany were filed on <u>07/07/2020</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The BSA Formula, LLC		
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRE</u> Enter new mailing address, if applicable:	ESS)	
Mailing address MAY BE A POST OFFICE BOX)	-	· · · · · · · · · · · · · · · · · · ·
3. If amending the registered agent and/or registered ogent and/or the new registered office address here:	office address on our records, <u>enter the</u>	name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florid	9
	Cinc	Zin 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 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>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□ Add
			□Remove
			□ Change
			🗖 Add
			□Remove
			🗆 Add
			□Remove
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Effective d	ate if other than the	date of filing:			(ontic	nnal)	
Note: If the	ate, if other than the date is listed, the date must date inserted in this bloeffective date on the De	ock does not meet	the applicable	ate of tiling or mor estatutory filing	e than 90 days after requirements, this	filing.) Pursuant to 60 s date will not be lis	i5.020 ited a
e record spe rd is filed.	rifies a delayed effective	e date, but not an e	effective time.	at 12;01 a.m. on	the earlier of: (b) The 90th day aft	er th
Dated	-	· _					
	<u> </u>	- H_					
-		Signature of a mem	ber or authorize	d representative o	a member		
	RICHARD L. BARNER						

Filing Fee: \$25.00