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TO: Registration Sect Division of Corp			
SUBJECT: Ballic	ng with God	L.L.C.	
SUBJECT: Quitter	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	George M.	Name of Person	
		Firm/Company	
	310/ N.W. 7	77 St Apt 808	
	Gebrgemo- E-may address: 11	33147 City/State and Zip Code La 800 yahoo. Cit to be used for future of mulal report notif	D m leation)
For further information cor	ncerning this matter, please ca	ull;	
George M	ota	at (<u>786</u>) <u>344</u> -	-5829
Name of 1	Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	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)
Mailian Addans		Carnet Address of	

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

Name of the Limited Liability Company as it now appears on our records.)

Balling

company has been notified in writing of this change.

124 FIOURIA CRIMICA I	лаониу с опранут	
The Articles of Organization for this Limited Liability Company Florida document number $\angle 20000233763$.	were filed on July 27, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil BALLING WITH GOD The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	L.L.C.	eviation "L.!. C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	p.o. Box 421940 Miani F1 332	42
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	iddress on our records, enter the name	of the new registered
New Registered Office Address:	Enter Florida street address	<u>ः</u>
	. Florida	-: 5
	Cuy	Žip Code
New Registered Agent's Signature, if changing Registered Agent:		S

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

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 remoyed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	George Mota	George Mota	□Add
		3101 NW 775+ AP 8	OS □Remove
		Miani Pl 33147	
			🗆 Add
		 	□Remove
			□ Change
			🗆 Add
			Remove
			□ Change
			🗀 Add
			□Remove
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			Remove
			□ Change

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an effec lote: I	date, if other than the date of filing:	
ecord is file	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	ic
ated _	January 21 2021	
	January 21 2021. Of large Motor Signification of a member or authorized representative of a member	
	Signature of a memory of administrate representative of a memory	