120000241926

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
R4 Sign		

Office Use Only



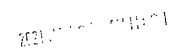
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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 12, 2021

JASON SAMPSON 301 W PLATT ST #657 TAMPA, FL 33606

SUBJECT: BYFELICIA LLC Ref. Number: L20000241926

We have received your document for BYFELICIA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons Regulatory Specialist II Supervisor

Letter Number: 421A00000616

COVER LETTER

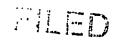
Registration Section

TO:

Division of Co	rporations		
BYFELIC	IA, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
	f Amendment and fee(s) are sub ondence concerning this matter	_	
r lease return an corresp	ondence concerning this matter	to the following.	
	JASON SAMPSON		
		Name of Person	
	VENERABLE LAW FIRE	М	
		Firm/Company	
	301 WEST PLATT STRE	ET NO. 657	
		Address	
	TAMPA, FL 33606		
	SERVICE@VENERABLE	City/State and Zip Code	
		to be used for future annual report no	otification)
For further information	concerning this matter, please c	ail:	
JASON SAMPSON		813 284-4727	
Name	of Person	Area Code Dayti	me 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)
Mailing Addre Registration		Street Address: Registration S	ection
Division of (Corporations	Division of Co	orporations
P.O. Box 63		The Centre of	
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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BYFELICIA, LLC		O.F.	CAST MILLONG
(Name of the Lim	ited Liability Compa (A Florida Limited)	inv as it now appears on our i	records) OF COATE
The Articles of Organization for this Limited I	Liability Company	were filed on <u>08/10/20</u>	and assigned
Florida document number L20000241926			•
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
he new name must be distinguishable and contain the	words "Limited Liabi	lity 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)		301 WEST PLATT STR	EET
		NO. 657	
		TAMPA, FL 33606	
Enter new mailing address, if applicable:		301 WEST PLATT STR	EET
Mailing address MAY BE A POST OFFICE BOX)		NO. 657	
		TAMPA, FL 33606	
3. If amending the registered agent and/or gent and/or the new registered office address Name of New Registered Agent:			enter the name of the new regi
	301 WEST PL	ATT STREET, NO. 657	
New Registered Office Address:	701 HEST LE	Enter Florida street	address
	TAMPA		_, Florida <u>33606</u>
		City	_, r iorida

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

MGR = Manager AMBR = Authorized Member

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Title	<u>Name</u>	Address Address	Type of Action
MGR	SPENCER BEAUDREAULT	Address 5145 S DALE MABRY HWY LASSES, FL	□Add
		TAMPA, FL 33611	≣Remove
			□Change
MGR JASON SAMPSON	JASON SAMPSON	301 W PLATT STREET	
		NO.657	□Remove
		TAMPA, FL 33606	□Change
MGR	KRIS MEHRLING	301 W PLATT STREET	= Add
		NO. 657	□Remove
		TAMPA, FL 33606	Change
			🗆 Add
			□Remove
			Change
			🗆 Add
		□Remove	
			□Change
		□ Add	
			Remove
			□Change

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	TALLY 11 STEEL FL
	
	
ective date, if other than the date of filing:	(optional)
te: If the date inserted in this block does not mee	not be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 tithe applicable statutory filing requirements, this date will not be listed a
sument's effective date on the Department of State	e's records.
cord specifies a delayed effective date, but not an	effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
s filed.	energy time, at 12.01 a.m. on the earlier of (0). The 70th day after the
January 19	2021
ed January 19	
	nber or authorized representative of a member

Filing Fee: \$25.00