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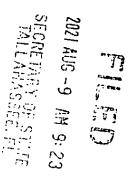
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Office Use Only



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#### **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

**Division of Corporations** Neon Flamingo Business Services, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Maria Baker Name of Person Firm/Company 4679 Liberty Blvd Address Holt, FL 32564 City/State and Zip Code navarre2011@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Maria Baker Daytime Telephone Number Name of Person 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 Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Neon Flamingo Business Services, LLC (Name of the Limited 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 August 14, 2020 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BGB Company, LLC 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 , 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 AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 \_ August 6 2021 Signature of a member or authorized representative of a member Maria Baker

Typed or printed name of signee

# 121000245177

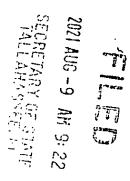
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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### **COVER LETTER**

	tration Sedion of Corp			
	Patrick Trav	ris Real Estate LLC		
SUBJECT: _		Name of Lin	nited Liability Company	
The enclosed A	Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return a	ll correspo	ndence concerning this matter	to the following:	
		Patrick Travis		
			Name of Person	<del></del> _
		Patrick Travis Real Estate	LLC	
			Firm/Company	<del></del>
		500 S Himes Ave Unit 37		
		<del></del>	Address	
		Tampa, FL 30277		
			City/State and Zip Code	
		patricktravisrealestate@gm		
For further info	ormation co	rmail address: ( oncerning this matter, please c	to be used for future annual report not all;	Hication)
Patrick Travis			678 3781954 at ()	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a c	heck for th	e following amount:		
■ \$25.00 Fil	ing 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)
	ng Address stration S		<u>Street Address:</u> Registration Se	ection
		orporations	Division of Co The Centre of 1	•
	Box 632 lhassee, F			e Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Patrick Travis Real Estate LLC

company has been notified in writing of this change.

(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on or Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L^21000245177}{L^2}$ .	were filed on May 26th	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Free Home Bids LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
• • •		
(Principal office address MUST BE A STREET ADDRESS)		55. 20
Enter new mailing address, if applicable:		20
(Mailing address MAY BE A POST OFFICE BOX)		50 <b>€</b>
		D'a
		200
B. If amending the registered agent and/or registered office a	address on our records	(T) (N)
agent and/or the new registered office address here:	dates on our record.	in cinci the name of the new regime
Name - CNove Development America		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	vet address
		Florida
<del></del>	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
		in I Gouthan arman to assembly the
l hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete		

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 removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
			□Add
			□Remove
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ument's ef	fective date	on the Depa	artment of	State's	records.							
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