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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: East Side Bhg LLC 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:
Rachel Lea Percival
Firm/Company
2322 Bellefield Cove
Oviedo, FL 32765 City/State and Zip Code rachpercival 4391 a mail. com E-nkill address: (to be used for future annual report notification)
rachpercival 4391 a g mail. Com. E-nkill address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rachel Percival at (330) 814-1493 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Z \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

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

pany as it now appears on our records.) d Liability Company)
1- Oct : 5 20 LD
or iginal to the
original oct: 5,2020 by were filed on <u>last - March 31,8024</u> and assign
ability company here:
bility Company," the designation "L.L.C" or the abbreviation "L.L.C.
· 2
e address on our records, <u>enter the name of the new re</u>
Enter Florida street address
, Florida
City Zip Code
b b

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

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 **Type of Action** Address Name <u>Title</u> Mgr Rachel Lea Dorcival 1065 E. Broadway DAdd

Suite 1 ARemove

Oviedo, FL 32765 DChange □Add ____ □Remove _____ Remove ______ □ ∧dd ______ □ Change ☐Change

						
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ective date, if other than the effective date is listed, the date mue: If the date inserted in this bument's effective date on the I	ist be specific and block does not in	cannot be prior seet the applica	able statutory f	or more than 90 day	(optional) ys after filing.) its. this date v	Pursuant to 605,0 vill not be listed
cord specifies a delayed effecti s filed.	ve date, but not	an effective ti	me, at 12:01 a.	m, on the earlier	of: (b) The	90th day after t
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od October	· <u> </u>	<u> 202</u>	7		1	