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COVER LETTER

Division of Cor			•
	Creative LLC		•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Peter Messinco		
		Name of Person	
Name of Limited Liability Company the enclosed Articles of Amendment and fee(s) are submitted for filing. flease return all correspondence concerning this matter to the following: Peter Messineo Name of Person Peter Messineo CPA LLC: Firm/Company 38349 County Road 54 Address Zephyrhills FL 33542 City/State and Zip Code peter@pm-epa.com I:-mail address: (to be used for future annual report notification) for further information concerning this matter, please call: Peter Messineo 813 788-3378 Name of Person Name of Person Name of Person Daytime Telephone Number inclosed is a check for the following amount:			
		Firm/Company	ytime Telephone Number \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Peter Messineo Name of Person Peter Messineo CPA LLC Firm/Company 38349 County Road 54 Address Zephyrhills FL 33542 City/State and Zip Code peter@pm-cpa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Peter Messineo Name of Person State Code Daytime Telephone Number Einclosed is a check for the following amount: \$\Begin{align*} \text{S25.00 Filing Fee} \Bigsin \$30.00 Filing Fee & \Bigsin \$55.00 Filing Fee & \Bigsin \$60.00 Filing Fee. \Bigsin \$Certificate of Status (cadditional copy is enclosed) Certificate of Status (certified Copy Certificate Of Status (certified Copy)			
	Articles of Amendment and feets) are submitted for filing. Articles of Amendment and feets) are submitted for filing. Articles of Amendment and feets) are submitted for filing. Better Messineo Name of Person Peter Messineo CPA LLC Firm/Company 38349 County Road 54 Address Zephyrhills FL 33542 City/State and Zip Code peter@pm-epa.com E-mail address: to be used for future annual report notification) ormation concerning this matter, please call: o 813 788-3378 Name of Person Name of Person Name of Person Area Code Daytime Telephone Number check for the following amount: ling Fee Certificate of Status Certificate Of Status Certified Copy (additional copy is enclosed) ing Address: Street Address: Street Address: Registration Section		
	Zephyrhills FL 33542		
		City/State and Zip Code	
	* * * * * * * * * * * * * * * * * * * *	to be used for future annual report no	tification)
For further information c			" ' ,
Peter Messineo			
Name o	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			ection
Division of C	Corporations	Division of Co	orporations
P.O. Box 632	<u> </u>	The Centre of	i ahanassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Illuminati Creative LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our record Liability Company)	<u> s.</u>)
The Articles of Organization for this Limited Liability Company	y were filed on 11/06/2020	and assigned
Florida document number L20000352453		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
Bowers Contract Services LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		
		
D. If amonding the registered agent and/or registered office		the name of the name posistons
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
rest registered Office (Marcis).	Enter Florida street addres	y
	Flo	orida
	City.	Zip 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
	·		DChange
			∐Remove
			□Remove
			Change
			□Remove
			∐Remove
			⊒Add
			□Remove
			T.Chanua

				
				
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ffective date, if other than the data an effective date is listed, the date must be total. If the date inserted in this block occument's effective date on the Department.	e specific and cannot be prior to c does not meet the applica			
record specifies a delayed effective d Lis filed.	late, but not an effective tir	ne, at 12:01 a.m. on the	earlier of: (b) The 90th day	after the
February 7	2024			
Dr.		— · rized representative of a n		-
	motors of a manufacture.	objected market a second of the Control	h.se	

Filing Fee: \$25.00