L21000039893

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D. BRUCE JUL 19 2021

- COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: JOSA	Dh BHKMAO LL Name of Lim	ited Liability Company	······································
	Amendment and fee(s) are sub		
rtease return an correspo	SUP h Bril		
	Joseph Brillman		
		Address	
	Bal Harry FI	33154 City/State and Zip Code Sc38/LAMO CMCIL. (OM to be used for future annual report notif	
	oncerning this matter, please c	all:	72 July 2
Doe Brikma	f Person	at (920) 142-3) Area Code Daytime	- <u>-</u> -1
Enclosed is a check for the	ne following amount:		r 0
\$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 Addres	s:	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

JOSEP & BULLOWN LL	.C				
Name of the Limit	ed Liability Company (A Florida Limited Liab	as it now appears on our records. oility Company)	.)		
The Articles of Organization for this Limited Li		•		and assi	igned
Florida document number L210003389 3					
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liabilit	v company here:			
The new name must be distinguishable and contain the w	ords "Limited Liability	Company," the designation "LLC"	or the abbrevi	ation "L.I	C."
Enter new principal offices address, if applica	able:				
(Principal office address MUST BE A STREE	T ADDRESS)				
	-				
Enter new mailing address, if applicable:	_				
(Mailing address MAY BE A POST OFFICE I	<u>BOX)</u> _				
	-				
B. If amending the registered agent and/or re	egistered office ado	lress on our records, enter t	he name of	(E) the new	rēgistered
agent and/or the new registered office addres					, .1
Name of New Registered Agent:	Traph Ri	-1k wa∧	•	25	.77
		1 Hery # 2		<u> </u>	1220
New Registered Office Address:	19.500 (1)1X16	1人へなへ と HU y - 基 フ Enter Florida street address	· · ·	-5	
	Mari		ida <u>33/20</u>		
		City	Zi	p 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.

() 分別なりかい () 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
Amst	Joseph BHKMAN	19300 DIXIN HWY #7 MIAMIEI 33180	EDAdd
			□Remove
			🗆 Change
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lf an effecti <u>Note:</u> H t	date, if other than the date of filing:
e record sp d is filed.	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
Dated _(p	121 . 2021 .
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Typed or printed name of signee