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## **COVER LETTER**

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CHD IDOT	Byron Pelt	Real Estate LLC		
SUBJECT	: <u> </u>	Name of Lim	ited Liability Company	
The enclose	ed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Byron L Pelt		
			Name of Person	<del></del>
		Byron Pelt Real Estate LL	С	
			Firm/Company	<del></del>
		144 Tumblehome Way		
			Address	· · · · · · · · · · · · · · · · · · ·
		Santa Rosa Beach FL 324	59	
			City/State and Zip Code	<del></del>
		30abyron@gmail.com		
		E-mail address: (	to be used for future annual report not	nification)
For further	information c	oncerning this matter, please c	all:	
Byron L Pe	elt		404 291-3170	
	Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed is	a check for th	ne 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)
	ailing Addres egistration S		Street Address: Registration Se	ection
Division of Corporations		Division of Co	orporations	
	O. Box 632 allahassee, l		The Centre of 2415 N. Monre	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLP Real Estate Services LLC	
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	<u>tars on our records.</u> ) /)
The Articles of Organization for this Limited Liability Company were filed on  Florida document number	January 20, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	here:
Byron Pelt LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the	e 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:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:  Name of New Registered Agent:	records, enter the name of the new registers
New Registered Office Address:	Florida street address
Differ I	·
	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	202 151 151
I hereby accept the appointment as registered agent and agree to act in this provisions of all statutes relative to the proper and complete performance accept the obligations of my position as registered agent as provided for in being filed to merely reflect a change in the registered office address, I herecompany has been notified in writing of this change.	of my duties, and I am familiar with and n Chapter 605, F.S. Or, if this document is
out the section of th	<u> </u>
over the section of t	10 9 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

It 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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Add
			□Remove
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on effective date is fisted, to Note: If the date inserted	in this block does not me	eet the applicable sta	tutory filing requirem	ents, this date will not be	listed as
locument's effective date	on the Department of St	ate's records.	, , ,		
	d effective date, but not a	an effective time, at	12:01 a.m. on the earli	er of: (b) The 90th day a	fter the
d is filed.					
October 13,		2022			
Dated					
/ 1		^			
12,00	X 200	$\mathcal{T}$			

Filing Fee: \$25.00

Typed or printed name of signee