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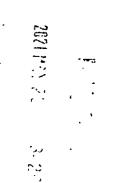
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COVER LETTER

TO:

Registration Section Division of Corporations

FLY BYR SUBJECT:	D ENTERPRISES, LLC	•	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
	ondence concerning this matter	-	
	SIERRA S BYRD		
		Name of Person	,,
		Firm/Company	
	9056 EGRET COVE CIR	CLE	2021 :
		Address	
	RIVERVIEW, FLORIDA	33578	(•) Lu
		City/State and Zip Code	<u>. </u>
	HEYSIERRABYRD@GM	AIL.COM	بير.
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
SIERRA S BYRD		618 420-9006 at ()_	
Name o	f Person	Area Code Daytim	e 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)
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations
Tallahassee, I			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(<u>Name of the Limited Li</u> (A F)	ability Company as it no orida Limited Liability Co	w appears on our reco empany)	ords.)
The Articles of Organization for this Limited Liabili Florida document number 1.21000065578	ity Company were file	d on 02/08/2021	and assigne
This amendment is submitted to amend the followin	g:		
A. If amending name, enter the new name of the	limited liability com	pany here:	
HEY SIERRA BYRD & CO., LLC			
The new name must be distinguishable and contain the words	"Limited Liability Compa	ny," the designation "Ll	LC" or the abbreviation "L.L.C.
Enter new principal offices address, if applicable	SAME	ADDRESS	
(Principal office address MUST BE A STREET AI			
		-	2.
Enter new mailing address, if applicable:	SAME	ADDRESS	2
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		. 13
B. If amending the registered agent and/or regist agent and/or the new registered office address he		n our records, <u>ente</u>	er the name of the new re
Name of New Registered Agent:	IERRA S BYRD		
New Registered Office Address:	056 EGRET COVE CIP		
	•	Inter Florida street addr	-
<u>R</u>	IVERVIEW	, I	Florida 33578
	City		Zip Code

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 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:

	ved from our records:	orized to manage, enter the title, name, and	address of each person being added
	Manager = Authorized Member		
Title	Name	Address	Type of Action

			
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If the date inserted in thi	must be specific and cannot be prior to date of	(optional) of filing or more than 90 days after filing.) Pursuant to 605 tuttory filing requirements, this date will not be list
ord specifies a delayed effe filed.	ective date, but not an effective time, at 1	12:01 a.m. on the earlier of: (b) The 90th day afte
d May 19	. 2021	
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heursens	Signature of a member or authorized re	

Filing Fee: \$25.00