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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC

Account Number : I20180000086 Phone : (916)576-7000

Fax Number : (800)603-5868

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:	RIOPS@PARASEC.COM	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BALLERSHOTDOGS LLC**

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K. SALY

JAN 28 2022

To: 18506176383 From: 19165767036 Date: 01/27/22 Time: 11:09 AM Page: 03/05

## ARTICLES OF AMENDMENT TO, ARTICLES OF ORGANIZATION OF

•	FILL	
2022	JANOT	
MILLA	FASSIE I	9 5: <sub>10</sub>
ords.)	1331 E. F.	$0 z_{IG}^{i, i}$

	WLL	AHASSIA
(Name of the Limiter	Ballers fiotDogs LLC Liability Company as it now appears on our records.) V Florida Limited Liability Company)	AHASSEC PLORION
(/	Transia Chilled Children's Company	
The Articles of Organization for this Limited Lial	bility Company were filed on 4/25/2021	and assigned
Florida document number 1.21000141238	<del></del>	
his amendment is submitted to amend the follow	ving:	
e. If amending name, enter the new name of t	he limited liability company here:	
Govan Bellevue RE Holdings LLC		
he new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Inter new principal offices address, if applical	ole:	
Principal office address MUST BE A STREET	ADDRESS)	··· — — · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BE	<u> </u>	
3. If amending the registered agent and/or	registered office address on our records,	enter the name of the
egistered agent and/or the new registered office	ce address here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	
	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 Changing Registered Agent, Signature of New Registered Agent

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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 = M AMBR = A	lanager athorized Member		
Title	Name	Address	Type of Action
			D Add
			☐ Remove
			☐ Change
		10 d	□ Add
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D. It amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Business Industry is going to be updated to Real Estate



E. Effectiv	ve date, if other than the date of filing:	(optional)
(If an affective Note: If	erion data is listed, the date must be specific and cannot be a	nor to date of thing or more total 90 days filter thing. I distance to the object of the history filing requirements, this date will not be listed as the
If the reco	ord specifies a delayed effective date, but 90th day after the record is filed.	not an effective time, at 12:01 a.m. on the earlier of:
Dated	1/26/27	
	Realon	Sovan
	Signature of a member or at	uthorized representative of a member
	Keaton Govan	fitted name of signee
	I VICE OF DE	THICH MAINS OF MERCO

Page 3 of 3

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