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COVER LETTER

SUBJECT:	Battlebaro Ll	-C -	
	Name of Limi	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are subi	mitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
Trease recarr an eorrespon	dence concerning was maree	to me tonowing.	
	Clarence	Name of Person)r
	Best-lek	Firm/Company	
	8859 Old K	ings Rd S Address	Apt 318
	Jacksenville, battle burnce of E-mail address: (t	FL 3225	2
	B-mail address: (t	6 be used for future annual repe	ort notification)
For further information co	ncerning this matter, please ca	dl:	
Clarence L Name of	Bettle V. Person	at $(\frac{g_{QQ}}{Area Code})$ L	CC - 1952 Daytime Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address:</u> Registration Se		<u>Street Addro</u> Registratio	

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

TO:

Registration Section
Division of Corporations

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

· (1) (1) (2) (2)

Best-He bora LLC	21 SEP 13 AM 9: 44
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LAIOOUS9182</u> .	were filed on April 06, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7643 Gate Parkway
(Principal office address MUST BE A STREET ADDRESS)	7643 Gate Parkway Scrite 104-612 Jacksonville, FL 32256
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or rémoved from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	21 SEF 13 AH	Type of Action
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(If an effective dat <u>Note:</u> If the dat	e, if other than the date of filing:
the record specificord is filed.	ies 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 <u>09</u>	107/2021, 11:19 am.
	Signature of a member or authorized representative of a member
	organical of a memory of audiomica representative of a memori
	Clarence Lee Bottle. Ur. Typed or printed name of signee