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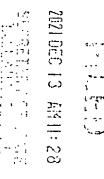
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COVER LETTER

TO: Registration Division of C		ions				
SUBJECT:	Ba	Manne, LLC Name of Lim		•		
	 .J	Name of Lim	ited Liability Company			
The enclosed Articles	of Amen	dment and fee(s) are sub	mitted for filing.			
Please return all corre	spondenc	e concerning this matter	to the following:			
	•	Dustin	Bell			
		£.	Name of Person			
	_	Dg	Mane, LLC Firm/Company			
		122 Port	Ave D Address			
		Sant J	ohns, FL 32259			
		dustinsbel	Ohns, PL 32259 CityState and Zip Code Ome Com to be used for future annual report no		_,	
For further informatic	on concert	E-mail address: (sing this matter, please c	to be used for future annual report no	tification)	2021 D Sere	E- 1
		, mg			2021 DEC 13	4 j
Non	ne of Perso	n	at () Area Code Daytii	me Telephone Number		, +
Enclosed is a check for	or the follo	owing amount:			LU 00	
\$25.00 Filing Fee	: 🗆	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	

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

Street Address: 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

iability Company as it now appears on our records.) Jorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L2100018036</u>4 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the 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: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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

, Florida

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Dave Bell	122 Part Ave Sant Johns, FZ 32259	Kada
			□Remove
MGR	Dustin Bell	122 Port Ave Saint Johns, FL	
			□Change
			□Add
			□Remove
			E)Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

D. If amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: 1	te date, if other than the date of filing:
Tthe record scord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d. December 7
Dated_	12-7-2021 2021
	Signature of a member or authorized representative of a member
	Dustin Bell Typed or printed name of signee