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TALLAHASSEE, FLORIL

7/10/2023

## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Section Division of Corpora			
SUBJECT: BGC H	Name of Limit	OO1 Services LLC ted Liability Company	
The enclosed Articles of Ame	endment and fee(s) are subn	nitted for filing.	
Please return all corresponder	ace concerning this matter t	o the following:	
-	Poloby G	CLECTIVEY . 111 Name of Person	
-	BGC Home +	COLCION Services Finn/Company	
-	287 West (	CYPPKYIPW DR.	
<u>.</u>	<u> </u>	City/State and Zip Code  (IMP CID OM)  o be used for future annual report notific	l. Com
For further information conce			anon
Bobby Crean	MLY son	at ( <u>850</u> ) <u>U01-1</u> Area Code Daytime T	0348 Telephone Number
Enclosed is a check for the fo	llowing amount:		
□ \$25.00 Filing Fee □	3 \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)
Mailing Address: Registration Sect Division of Corp. P.O. Box 6327		Street Address: Registration Section Division of Corportion Corportion of Talescentre of Talescentre Section 1988	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2023 FEB 10 PM 12: 58

Name of the Limited Liability Compa (A Florida Limited L	Devince UC SECRET STATE  ny as it now appears on our records: ALLAHASSEE, FL  Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000194211</u> .	were filed on $04/21/7021$ 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 Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	287 West Creekview DR.
(Principal office address MUST BE A STREET ADDRESS)	Wewahitchka FL. 32405
Enter new mailing address, if applicable:	297 West Creckview DR.
(Mailing address MAY BE A POST OFFICE BOX)	Newahitchka Florida 324115
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
<del></del>	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

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
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			□Add
			□Remove
			□Change
			⊖Add
			□Remove
		<del></del>	□ Change
			□Add
			□Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
,	
•	
,	
•	
Note:	ive date, if other than the date of filing:  [coptional]  [coptional]
the reco	rd 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 led.
Dated	<u>2-10-2023</u>
	Signature of a member or authorized representative of a member
	Bobby G. Creamer, III Typed or printed name of signee

Filing Fee: \$25.00