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## **COVER LETTER**

TQ: Registration So Division of Cor			
suвject: <u>Abk</u>	Dy Base of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	aolo N Gairusville	BOSCI Name of Person  DUBOSCI LLC Firm/Company  W 5010 PL  Address  FL 32605 City/State and Zip Code	
	E-mailaddress: (	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
Abby Bo	DSCI f Person	at ( <u>352</u> ) <u>653-(</u> Area Code Daytim	©84 e Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	S30.00 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 Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

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

Abby 805 Ci LC  (Name of the Limited Liability Compa (A Florida Limited)	Inv as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>Laiooglobologios</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab  The Basci's LLC  The new name must be distinguishable and contain the words "Limited Liabileter Contains the words "Linited Liabileter Contains the words "Liabileter Contains the words "Liabil	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	Some as an file 2010 NW Soth PL Gaineswille, FL 37605
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	Same as an file
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 registered
Name of New Registered Agent: SCAtt	Basci

## New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Enter Florida street address

Gainesville Florida 32605

City Zip Code

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
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