## L21000210103

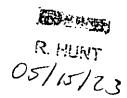
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Abby Bosci (352) 6822-0084 2010 NW 50+n PL Gainesville, FL 32605

## **COVER LETTER**

Registration Section

**Division of Corporations** 

TO:

The Basci	s LLC		
SUBJECT:	Name of Lim	ited 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:	
	Abby Basci		
		Name of Person	<del></del>
	The Basci's LLC		
	-	Firm/Company	
	2010 NW 50th Place		
		Address	<del></del>
	Gainesville, FL 32605		
	abbybasci@bosshardtrealt	City/State and Zip Code y.com	
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Abby Basci		352 682-0084	
Name o	f Person	at ()	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 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	Street Address: Registration Se	
Division of C P.O. Box 632	•	Division of Cor The Centre of T	•
Tallahassee.			e Street. Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Basers, LLC		<del></del>	
(Name of the Limit	ted Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.)  vany)	
The Articles of Organization for this Limited L Florida document number <u>L 21000210</u>	iability Company were filed o	m_5/05/a1	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of Abby Basci, LLC	f the limited liability compa	ny here:	
The new name must be distinguishable and contain the v	vords "Limited Liability Company."	the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applic	rable:		- 13 - 13
(Principal office address MUST BE A STREE	ET ADDRESS)		17:
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	ANSSEE, FL	5 PH I: 02
B. If amending the registered agent and/or agent and/or the new registered office addre	ss here:	our records, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	Scott Basei		
New Registered Office Address:	2010 NW 50th Place		
		er Florida street address	
	Gainesville	, Florida	2605
	Сйу		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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Scott Basci	2010 NW 50th Place, Gainesville, FL 32605	<b>≣</b> Add
		-	
			□Change
			□Add
			□Remove
		<del></del>	□Change
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	5/2/2023
ffect	ive date, if other than the date of filing: (optional)
fan ef Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
	nent's effective date on the Department of State's records.
	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
d is fi	led.
	5/2/2023
<b>Dated</b>	··
	(X, Y, X, Y,
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	All all and the state of a member or authorized representative of a member