KZ1 (CC215305

(Re	equestor's Name)	
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of 8/2/2022

COVER LETTER

Tallahassee, FL 32314

TO:		ration Sect n of Corpo					
SUBJE	CT.	BXL	D GROUS	P.LLC			
SUBJE	.C1:	<u> </u>	Name	of Limited Liab	ility Company		
The end	closed Ar	ticles of A	nendment and fee(s)	are submitted f	or filing.		
Please r	return all	correspond	lence concerning this	matter to the fo	ollowing:		
			Dann	Druer	\		
					ame of Person		
				F	irm/Company		
			1808	James	L Redma	n PKWY	
					Address		
			Plant C	ity, FI	tate and Zip Code on . net d for future annual report n	3	
				City/S	tate and Zip Code		
			Jesk @ C	danndrug	en . net	otification)	
For furt	her infor	mation con	cerning this matter. p				
<u></u>	Sann	Dr	ven	;	at (<u>813</u>) <u>731</u> Area Code Days	- 6265	_
		Name of P	erson		Area Code Dayı	ime Telephone Number	
Enclose	ed is a ch	eck for the	following amount:				
∑ \$25	5.00 Filin	g Fee	☐ \$30.00 Filing Fee Certificate of St	atus (55.00 Filing Fee & Certified Copy additional copy is enclosed)	S60.00 Filing For Certificate of S Certified Copy (additional copy is	tatus &
		Address:			Street Address:		
	_	ration Se	ction porations		Registration S Division of C		
		on of Col Box 6327	paranono		The Centre of	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BXLD G	ROUP LLC		1011 in 26 All 9:57
(Name of the Limite	d Liability Company as it A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited Lia Florida document number <u>L2\600 a\</u>		iled on <u>5 / 10 / 20 ;</u>	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability co	mpany here:	
HXMBLX LXXN MU	sic Group , L	LC	
The new name must be distinguishable and contain the wo	ords "Limited Liability Com	pany," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREET	TADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I			
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:		s on our records, <u>enter th</u>	e name of the new registered
New Registered Office Address:		Enter Florida street address	
	Cin	y	daZip 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
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Effecti	e date, if other than the date of filing:
Note:	tive 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 (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
record	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 I.
Dated_	May 23 . 2022.

Typed or printed name of signee