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(Requestor's Name)	_
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
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Special Instructions to Filing Officer:	
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Office Use Only



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## **COVER LETTER**

Division of Co			
SUBJECT:	GYO D Name of Lim	The Bag LL( ited Liability Company)	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Dwa	ANC BYOUN Name of Person	<u> </u>
		Firm/Company	
	2844 B	MUSICIN TY E	- - -
		Jax FL 3227	7
	Info Q E-mail address.	City/State and Zip Code  Cyclo Two Bay L  to be used for future annual report notific	LC. (OM &
For further information of	concerning this matter, please c	all:	2021 (2021 CV2) 25
T Wayye	Brown of Person	at (O) 280 Area Code Daytime	1-14GG, 25 Telephone Number 25
			S 55 E 55
Enclosed is a check for t \$25.00 Filing Fee	he following amount:  \$\sum \\$30.00 \text{ Filing Fee &}	CSS OO Elling Long.	□ \$60.00 Filing Fee.
SS23.00 Tilling Tee	Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	ion
Registration Division of C		Registration Sect Division of Corpo	
D O D (2)	3.7	m o . cm	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

Grap The Ba	all	_	_
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	anyas it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L2\00029542</u> .7	v were filed on OU 25/20	$2\sqrt{2}$ and a	issigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	he abbreviation	"L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(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 agent and/or the new registered office address here:	address on our records, enter the p	name of the r	iew registered
Name of New Registered Agent:		7; <u> </u>	***
New Registered Office Address:		2	
	Enter Florida street address , <b>Florid</b> a	, TO	
<del></del>	City	,— Zip Gor	
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		

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\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address  TO No. 1. Principality In Tr. F.	Type of Action
MBR	Brown, Tim M	Address  BUCKSKIN Tr E  JOY, FL 32277	□Add
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an effective date is liste ote: If the date inse	her than the date of ed, the date must be speci erted in this block does date on the Departmen	ific and cannot be prices not meet the appli nt of State's record	icable statutory filii s.	nore than 90 days afte ng requirements, th	is date will no	ot be listed :
	layed effective date, b	out not an effective	time, at 12:01 a.m.	on the earlier of: (	b) The 90th	day after th
record specifies a de is filed.						