L21000304884

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
Titles		

Office Use Only



02/14/22--01018--015 **25.00

FILED

2022 MAR -8 PH 4: 04

SECRETARY OF STATE

A. BUTLER MAR 2 3 2022

COVER LETTER

	gistration Se ision of Cor		e de la companya del companya de la companya del companya de la c	
SUBJECT.		Passport LLC	ef G	
SUBJECT:			nited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please returr	all correspo	indence concerning this matter	to the following:	
		Pieter Niemann		
			Name of Person	
		My British Passport LLC		
			Firm/Company	
		500 Bayview Drive, # 172	28	
			Address	
		Sunny Isles Beach, FL 33	160	
			City/State and Zip Code	
		documents@mybritishpass		
		E-mail address: (to be used for future annual report notification)	
For further is	nformation c	oncerning this matter, please c	all:	
Pieter Niem	ann		786 301-7444 at ()	
	Name o	f Person	Area Code Daytime Telephone Number	
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is enc	us &
	iling Addres		Street Address: Payintention Section	
	gistration S ision of C	orporations	Registration Section Division of Corporations	
). Box 632	-	The Centre of Tallahassee	
Tal	lahassee, F	FL 32314	2415 N. Monroe Street, Suite 810	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

MY BRITISH PASSPORT LLC

(Name of the Limited Liability Company as it now appears on our rectords.) 8 PM 4: 04
(A Florida Limited Liability Company)

SECRETARY OF STATE
The Articles of Organization for this Limited Liability Company were filed on JULY 02, 2021 AHE SSEE, fahd assigned Florida document number <u>L21</u>000304884FEI/EIN This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (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 address on our records, enter the name of the new registered agent and/or the new registered office address here: DARRYL MICHAEL WOLPE Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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

Jany/illal/m

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>	Name	Address	Type of Action
MGRM	DARRYL MICHAEL WOLPE	500 Bayview Dr. #1728 Sunny Isles Beach, FL33160) 🗏 Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			_ □Add
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- - ffecti	ve date, if other than the date of filing: (optional)
lfan eff <u>Note:</u>	rective 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 ent's effective date on the Department of State's records.
record d is fil	d 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 ed.
_	FEBRUARY 11 2022
Dated .	·································
	$\mathcal{M}^{\mathcal{O}}$
	Signature of a member or authorized representative of a member
	Committee of a member of audiorized representative of a member
	PIETER NIEMANN
	Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

2022 MAR -8 PM 12: 07

SECRETARIA SEE FL

February 25, 2022

PIETER NIEMANN 500 BAYVIEW DRIVE #1728 SUNNY ISLES BEACH, FL 33160

SUBJECT: MY BRITISH PASSPORT LLC

Ref. Number: L21000304884

We have received your document for MY BRITISH PASSPORT LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 822A00004656

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>	Name	Address	Type of Action
MGR	Mayte Campo	4707 lindever In	□Add
		Palmetto, FL 34221	X Remove
			□Change
MGR	Paul E. Compo	4707 Londever La	XAdd
		Palmetto, FL 34271	□Remove
			□Change
			□Adđ
			Remove
			[] Change
			□Add
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ite:	ve date, if other than the date of filing: 03/09/2022 (optional) ective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
ecor is fil	d 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 ed.
ted ,	March 9th 2012 Signature of a member of authorized representative of a member
	Signature of a member of authorized representative of a member
	Paul E. Campo Typed or printed name of signee

Filing Fee: \$25.00