L21000342575

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #	(#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)
(Dx	ocument Number)	
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Certified Copies	Certificates o	of Status
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Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Sec Division of Corp		
SUBJECT: BIO	ass DidIt	•
37011111211 <u>- </u>	Name of Lim	nited Liability Company
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.
Please return all correspoi	idence concerning this matter	to the following:
	Taylor	Name of Person
	<u>Biggss</u>	5 Did It
	<u> </u>	5 N.W. 51 place
		71 Florida 33055 City/State and Zip Code
	Haybr.	to be used by future annual report notification) The state of the sta
For further information co	ncerning this matter, please ca	all:
Taylor Name of	Toney	to be used for future annual report notification) all: at (786) 510 - 8510 Area Code Daytime Telephone Number
		0: 26 FL
Enclosed is a check for the	following amount:	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:
Registration Se Division of Co		Registration Section Division of Corporations
P.O. Box 6327	•	The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Biggs Did	Z/ Company as it now appears on our records.)
(A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L2100342575</u>	npany were filed on <u>July 29, 2021</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<i>N/A</i>
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of	office address on our records, enter the name of the new registered
agent and/or the new registered office address here:	
Name of New Registered Agent:	N/A EE S
New Registered Office Address:	N/A E E T
	Enter Florida street address Florida
New Registered Agent's Signature, if changing Registered /	City Zip Code 5
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	d agree to act in this capacity. I further agree to comply with the aplete performance of my duties, and I am familiar with and at provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability
:	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
AMBR	Taylor Toney	17/35 N.W. 51 place Mia	PLSIAdd
			□Remove
			□Change
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			□Change
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			□Remove □Remove □Remove □ Color □
			<u>∑i`</u> □Add
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Adding	Authorized	Memberas	Tarlar	losed	
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ve date if other	than the date of filing			(optional)	• •
ective date is listed, t	he date must be specific and o	cannot be prior to date of filir		days after filing.) Pu	
	I in this block does not me on the Department of St		y filing requiren	ients, this date will	I not be listed
em s'effective dar	e on the Department of St	ate s records,			
	ed effective date, but not a	in effective time, at 12:01	a.m. on the earl	ier of: (b) The 90	th day after
led.		:	t		
July 29,	<u> </u>	·			
,	_	1 1 1			
	$ \int_{\Omega}$	Wan Times			
	Signature of a m	Inber or authorized represen	ntative of a memb	er	
		Gylor Tone. C			
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Filing Fee: \$25.00