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2021 SEP 13 AM 8: 2 SECRETARY OF STATE

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: BF É	Name of Lim	r Service UC ned Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mutted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Blade Jose	Ph Feliciono Name of Person	
	nelosed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Blade Joseph Feticiano Name of Person BF F CH AH Your Service LLC Fine Company 535te Castleman Dr Address Castleman Dr Address City/State and Zip Code detail doctor making detail ling P gmail. Com Ennal address: (to be used for future annual report not lication) arther information concerning this matter, please call: 1		
	5356 (ast	Herran Dr. Address	
	Sarassta, F	-L 34732 City/State and Zip Code	
	Octal doctor n E-mail address: (100 ite of tailing @ 9m to be used for future annual report not	ail. Com
For further information e	oncerning this matter, please ea	all:	
Blade Felic Name o	TOOO f Person	at (<mark>941</mark>) <u>929 -</u> Area Code Daytim	e Telephone Number
Enclosed is a check for t	ne following amount:		
t X \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
<u>Mailing Addres</u> Registration :		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO FILED ARTICLES OF ORGANIZATION OF 2021 SEP 13 AM 8: 30

BFECM AT YOUR SERVICESEGREJARY OF STATE
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compan	y were filed on 🔼 –	12-202 and assigned
Florida document number <u>L21 ØØØ 36 2663</u>		·
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
D		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BON)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our reco	rds, enter the name of the new registered
New Registered Office Address:		
	Emer Florida s	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent		гір Сойе
I hereby accept the appointment as registered agent and ago provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	– ree to act in this cape e performance of my provided for in Chaj	duties, and I am familiar with and

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>	Name	Address	Type of Action
AMBR	Blade J. Feliciano	5356 Castlemour DR Garasota, FL 34732	\(\) dd
			□Remove
			□Change
AMBR	Charles Mick III	5356 Costleman DR Sarosota, FL 34232	\ Add
			□Remove
			□Change
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			□Remove
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reffective date is h <u>te:</u> If the date in	ther than the date sted, the date must be sp serted in this block d e date on the Departi	pecific and cann loes not meet t	the applicable.	te of filing or mor statutory filing	e than 90 days after requirements, th	er filing.) Pursuant us date will not b	to 605,0207 e listed as
cord specifies a os filed.	delayed effective date	e, but not an e	ffective time, a	nt 12:01 a.m. or	the earlier of: (b) The 90th day	g after the
ed <u>Septe</u>	mber 9	<u>Z</u>	<u> </u>				
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-92	lade !!		_				
Septe 13	lode f	ture of a memb	er or authorized	representative o	a member		_

Filing Fee: \$25.00