

121000365611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

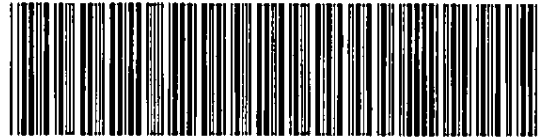
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2021 NOV -1 AM 7:24
CLERK OF STATE
COURT HOUSE
TALLAHASSEE, FL

A. BUTLER
NOV 15 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BAD BOY CUSTOMS

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KYLE FOSTER

Name of Person

Firm/Company

2255 STARKEY ROAD UNIT 1

Address

LARGO, FL 33771

City/State and Zip Code

BADBOYCUSTOMS727@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THERESA PETERS

727
at ()

768-9853

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FILED

2021 NOV -1 AM 7:24

BAD BOY CUSTOMS

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

CLERK OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on AUGUST 16, 2021 and assigned
Florida document number L21000365611.

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 "L.L.C."

Enter new principal offices address, if applicable:

2255 STARKEY ROAD UNIT 1 LARGO, FL 33771

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

2255 STARKEY ROAD LARGO, FL 33771

(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:

Name of New Registered Agent:

New Registered Office Address:

2255 STARKEY ROAD UNIT 1

Enter Florida street address

LARGO

City

, Florida 33771

Zip 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>	<u>Address</u>	<u>Type of Action</u>
MGR	KYLE FOSTER	PRESIDENT	<input type="checkbox"/> Add
		2255 STARKEY ROAD UNIT 1 LARGO FL 33771	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	THERESA PETERS	VICE PRESIDENT	<input checked="" type="checkbox"/> Add
		2255 STARKEY ROAD UNIT 1 LARGO FL 33771	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

WE ARE CHANGING THE ADDRESS OF THE BUSINESS TO:

2255 STARKEY ROAD UNIT 1 LARGO FL 33771

WE ARE ALSO KEEPING KYLE FOSTER AS PRESIDENT (MGR) AND CHANGING HIS ADDRESS

THEN WE ARE ADDING A NEW MGR THERESA PETERS (VICE PRESIDENT) TO THIS ALSO.

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective 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 (3)(b)

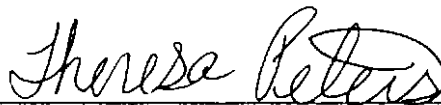
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated OCTOBER 28 , 2021



Signature of a member or authorized representative of a member



THERESA PETERS AND KYLE FOSTER

Typed or printed name of signee

Filing Fee: \$25.00