State 0/ Flo ida E bařtm Division of Corporations **Electronic Filing Cover Sheet**

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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : REGISTERED AGENTS INC. Account Number : I2009000081 Phone : (307)200-2803 1021 SEP 16 Fax Number : (855)330-1010 FILED **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. AM 9 Email Address: εn LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BAM EXPRESS ONLINE LLC Certificate of Status 0 0 Certified Copy PH 12: | Page Count 04 Estimated Charge \$25.00 SEP 16 Electronic Filing Menu Corporate Filing Menu Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAM Express Online LLC

(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/17/21	and assigned
Florida document number L21000369013	

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 Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
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)	5 5

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:	NAMES THE REPORT OF THE REPORT	
New Registered Office Address:	Enter Florida street addre	\$5
	, F	lorida

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager

• .

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR		7901 4TH ST N STE 300	🗆 Add
		ST. PETERSBURG, FL 33702	XIRemove
			□Change
AMBR	Tyshiem Jackson	7901 4TH ST N STE 300	∑lAdd
		ST. PETERSBURG, FL 33702	🗆 Reniove
			🗌 Change
			□ ∧dd
			□Remove
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			Change

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

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Riley Park

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E. Effec	tive date, if other	than the date of fil he date must be specific	ling:	to date of filing or me	optic	onal) filing.) Pursuant to 605	.0207 (3)(b
Note	: If the date inserted	I in this block does no	ot meet the applic	able statutory filing	g requirements, this	s date will not be liste	ed as the
docu	ment's effective date	e on the Department o	of State's records				
		ed effective date, but	not an effective t	ime, at 12:01 a.m. c	on the earlier of: (b) The 90th day after	r the
ecord is	filed.						
	Sontom	bor 16	2021				
Date	Septem		2021	<u> </u>			
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Typed or printed name of signee

Filing Fee: \$25.00