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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only

A. RIVERS
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Letter Number: 621A00029036

December 3, 2021

TANYAMORRISA MORRISOM 7901 4TH SE N. STE 4000 ST. PETERSBURG, FL 33702

SUBJECT: 863BUYORSELL, LLC Ref. Number: L21000464134

We have received your document for 863BUYORSELL, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Division of Corporations

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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

Alecia Rivers Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| S63 By or | Sey LCC | |
|---|---|---------------------------|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) .iability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L210004</u> | were filed on 9 13 20 | 2 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabile. The new name must be distinguishable and contain the words "Limited Liabile." | | e 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) | POBERTURE | 133872 |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, <u>enter the n</u> | ame of the new registered |
| Name of New Registered Agent: | | <u> </u> |
| New Registered Office Address: | Enter Florida street address | 古 |
| New Registered Agent's Signature, if changing Registered Agent: | , Florida | PH 3:56 |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p | performance of my duties, and I as | m familiar with and |

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

| Title | <u>Name</u> | Address | Type of Action |
|-------------|---|--|----------------|
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| Effect | ive date, if other than the date of filing: |
| lt an ef Note: | fective 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 |
| | nent's effective date on the Department of State's records. |
| | |
| | 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 |
| rd is fi | led. |
| Dated | 12/14/2021 |
| | |
| | Signature of a member or authorized representative of a member TANIA MORRISM |
| | Signature of a member or authorized representative of a member |
| | TANYA MORRISON Typed or printed name of signee |
| | IMINAL INDICIONI |

Filing Fee: \$25.00