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(Re	questor's Name)
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(Cit	y/State/Zip/Phor	ne #)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BYVANS (Name of Limited Liability Company
The enclosed Articles of Amendmen	nt and fee(s) are submitted for filing.
Please return all correspondence cor	icerning this matter to the following:
Tar	Masha Miles Name of Person
	Firm/Company
7.70	DS w ball st
P)	ant City FL 33563 City/State and Zip Code
Tan	AS WALLES 30 A AMAIL COM E-mail address: (to be used for fature annual report notification)
For further information concerning	his matter, please call:
Towns Wife Name of Person	S at (8\3) 8\6-6082 Area Code Daytime Telephone Number
Enclosed is a check for the followin	g amount:
	00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, tificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporation P.O. Box 6327	Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bychs CCY 1006 (Name of the Limited Liability Compa	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number 1200048699 .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "LLC."
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)	
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 name of the new registered</u>
Name of New Registered Agent:	

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

Enter Florida street address

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 = M $AMBR = A$	lanager uthorized Member	**************************************	
<u>Title</u>	<u>Name</u>	Address 21 OCT -6 PH 1: 02	Type of Action
AP	Byran Miles	1705 w ball st	□Add
		1705 w ball st Plant City FL33563	(L) Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
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fecti	re date, if other than the date of filing: $\frac{9982}{200}$ (optional) ctive 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
in effe	ctive 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 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to
	nt's effective date on the Department of State's records.
	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
is file	rd.
	2021
ited _	October 4 2021
	Signature of a member or authorized representative of a member
	Tamesha Miles Typed or printed name of signee