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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SUBJECT: BAN	FIELD JUNOVATION	RESEARL & DESIGN L ted Liability Company	LC.
<u> </u>	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Jimn	Name of Person	
		Name of Person	
	BANGELD In	poverfied Research & De	ESION
		Firm/Company	
	1483 RAG	land Was	
		Address	
		, ,,	
	FLEMING ;	City/State and Zip Code	3
	E-mail address: (t	e 6 bellsour4. Net o be used for future annual report notifi	ication)
For further information c	oncerning this matter, please ca	ill:	
Timmy	BARKER	at $(904)$ Z69- Area Code Daytime	1090
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
▼ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	S55.00 Filing Fee &	S60.00 Filing Fee.
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
			(additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Sec Division of Corp	
P.O. Box 632	•	The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

. 2021 9CT 12 Dun

BANFIELD INNOVAT	mail K.	ESEANL 4	DESIGN, LLC	· 12 PH12 13
(Name of the Limited Liabi (A Florid	ility Compai da Limited I.	<del>ny as it now appear</del> Jability Company)	s on our records.)?	MAY OF STILL
				or NSEE FRANCE
The Articles of Organization for this Limited Liability	Company	were filed on	9-28-21	and assigned
Florida document number <u>L 21000 426 410</u>	<del>)</del>			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liabi	lity company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Lin	mited Liabili	ity Company," the d	esignation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	ORESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
			7.0	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office a :	ddress on our r	ecords, <u>enter the 1</u>	name of the new register
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Flor	ida street address	
			, Florida	·
		City		Zip Code
New Registered Agent's Signature, if changing Register	red 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, 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
Mac	RIAAN PIETEIS	3348 CANYON FAILS DR. GIREN CONE SPINISS FL 32043	□Add
		DIED 10/3/21 Covid	
MgR	Johan Mosteet	1403 BRIDGER WAY FLEMING ISLEUS FL 32003	EAdd
			©Remove
			□Change
AMBR	J. BANFIELZ & Company CCC	1483 Bridgette Way FLEMING ISTEM FL 32003	Œ∕Add
		·	□Remove
			□Change
Mo			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			☐ Change
<u></u>			🗆 Add
			□Remove
			□Change

D. If amer	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note:	the date, if other than the date of filing:
f the record ecord is file	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 d.
Dated _	10.5-21
	Signature of unember of authorized representative of a member  Jimmy C BARKER  Typed or printed name of signee
	Typed or printed name of signee