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(Re	equestor's Name)	
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☐ PICK-UP	WAIT	MAIL
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T. MATTHEWS NOV 3 0 2021

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SUBJECT: BMZ	Trans LLC		
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Bulat Zuav	nilov	
	Bulat Zyav	Name of Person	
		Firm/Company	
	841 N Laxesi	ide dr	
		Address	
	Destin, 32541		
	ZUZUGDZWan	nail.com to be used for future annual report noti	tication
For further information c	oncerning this matter, please ca		incurry)
Bulat Zyo	amilor	at (<u>850</u>) <u>58614</u> Area Code Daytim	43
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632	-	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BMZ TRANS L	LC	21 NOV 15 PH 3: 05
(Name of the Limited (A	Liability Company as it now appears on ou Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liab Florida document number <u>L21000461675</u>		and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address		s, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
		Florida
	City	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 adder or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address 21 FOV 15 FN 3: 05	Type of Action
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			□Change
MGR	Bulat Zyamila		□Add
		155 Bayon dr. Pestin, FL, 32541	
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ument's effective date of	on the Department of State's i	records.		
cord specifies a delayed filed.	effective date, but not an effe	ective time, at 12:0	11 a.m. on the earlier of: (b) The 90th day a	fter the
M 11/12/2021	Thus Signature of a member			
- "/ 1 = / =		·		
	Thus?			
 	Signature of a member	or authorized repre	sentative of a member	
	Bulat Zyamit	a		
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