L71000485354

(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:

Office Use Only

A. RIVERS

JAN 2 6 2023



700396333607

11/04/22 -01005--018 **25.00

SECRETARY STATE IALLAHASSEE, FLORIDA

COVER LETTER

O: Registration Section Division of Corporations
UBJECT: (BYL & BLICS' BULLIQUES 11 C Name of Limited Liability Company
he enclosed Articles of Amendment and fee(s) are submitted for filing.
lease return all correspondence concerning this matter to the following:
BYLANDA JONES Name of Person
Firm/Company
1740 northlake BlV d #1058
City/State and Zip Code DUS INCOMES (10 be used for future annual report notification)
or further information concerning this matter, please call:
BYLANA JUNES at 500 418-9752 Area Code Daytime Telephone Number
nclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on My-emple 10, 707 and assigned Florida document number 17100 4853.54. This amendment is submitted to amend the following:

A. If amending name, enter the new name of the	: limited liabili	ty company here:			
B(U'S unlimited manage The new name must be distinguishable and contain the words		Company," the designati	on "LLC" or the a	abbreviation "L.L.	
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET AL					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u>v</u>	1240 nor-	thlake	Blvd 3403	— <u>⊭</u> [05 —
B. If amending the registered agent and/or regist agent and/or the new registered office address he		dress on our records	s, <u>enter the nar</u>	ne of the new i	registered
Name of New Registered Agent: New Registered Office Address:	Juanita 4319 n	JOAS AUSTY OLI ON Enter Florida stre	OV L et address	SECRETARY AT ALLAHASSEE	
New Registered Agent's Signature, if changing Regis	J) l St. P () Stered Agent:	Lim Blach	Florida	38UOJ Ziji Code: Siji	

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	JuanitaJones	-4319 n Australian	🗹 Add
		ane, West PAIM Bea	∐Remove
		F1,33407	□Change
AMBR	Reginala Dent	-1184 AC Evansist	MAdd
	9	apt A Rivivera Bead	
		Fi , 33404	
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:
t'the record 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 record is filed.
Dated Fibruary 8 2022.
Bream a Jones Signature of a member or authorized representative of a member
Dated February 8. 2022. Breanna Jones Signature of a member or authorized representative of a member Breanna Jones Typed or printed name of signee

Filing Fee: \$25.00