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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Corp	orations		
SUBJECT:	athern Ov Name of Limit	IGYW BBG LLC	_
The enclosed Articles of A	amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	_		
	1 Jarrel	Name of Person	
		Firn/Company	
	į.	1	
	1971 Sout	hwist Agnes St	 :
	Dort St L	hwast Agnes St Address Ulil FL 34973 City/State and Zip Code	*
	E-mail address: (t	o be used for future annual report notification)	<u> </u>
For further information co	ncerning this matter, please ca	dt:	- 1.
Name of	AUV DAU Person	at (778) 370 - 39 Area Code Daytime Telephone Nu	mber
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Certified Copy	00 Filing Fee, ificate of Status & ified Copy is enclosed)
Mailing Address Registration S		Street Address: Registration Section	
Division of Co		Division of Corporations	
P.O. Box 6323	•	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Λ

Southern	Charm ISISO	LLC
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on imited Liability Company)	our records.)
The Articles of Organization for this Limited Liability ConFlorida document number $\angle 2100050457$	npany were filed on	291202 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>	
Enter new mailing address, if applicable:		, ,
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	:
	_	1
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our recor	ds, enter the name of the new registered
		: r-
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treci 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 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>	<u>Name</u>	Address	Type of Action
AMBR	Darrel Murphy	1971 SW Agnos St	₽Ādd
-		Part St Lucil, FL 3495	□Remove
			□Change
MGTR	Word, Todd	1971 SW types St	
		Port St Lucie, FL 3445	S Remove
			□Change
			Add
		<u>. </u>	: □Remove
			Change
		· .	: №: □Add
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ective date, if other that i effective date is listed, the d te: If the date inserted in nument's effective date or	date must be specific and can this block does not meet	not be prior to date of filir the applicable statutor	ig or more than 90 da	(optional) ys after filing.) nts, this date w	Pursuant to 605.03 vill not be listed
	effective date, but not an	effective time, at 12:01	a.m. on the earlie	r of: (b) The	90th day after th
ecord specifies a delayed of is filed. ted	Signature of a mem	2013 ber or authorized represe	mustive of a member	ineli Lul	J