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Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : M. BURR KEIM COMPANY  
Account Number : I19998000242  
Phone : (215)563-8113  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
B&L ACCOM, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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2023 SEP -6 PM 4:52

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

B&L ACCOM, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on December 10, 2021 and assigned Florida document number L21000522621

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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 address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Stephanie Liskowitz

New Registered Office Address:

106 Periwinkle Drive  
*Enter Florida street address*

Hypoluxo  
*City*

Florida

33402  
*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.*

*Stephanie Liskowitz*  
If Changing Registered Agent, Signature of New Registered Agent

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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>         | <u>Address</u>       | <u>Type of Action</u>                      |
|--------------|---------------------|----------------------|--|
| MBR          | John Liskowitz      | 106 Periwinkle Drive | <input type="checkbox"/> Add               |
|              |                     | Hypoluxo, FL 33462   | <input checked="" type="checkbox"/> Remove |
|              |                     |                      | <input type="checkbox"/> Change            |
| MBR          | Stephanie Liskowitz | 126 Morris Avenue    | <input checked="" type="checkbox"/> Add    |
|              |                     | Manasquan, NJ 08736  | <input type="checkbox"/> Remove            |
|              |                     |                      | <input type="checkbox"/> Change            |
|              |                     |                      | <input type="checkbox"/> Add               |
|              |                     |                      | <input type="checkbox"/> Remove            |
|              |                     |                      | <input type="checkbox"/> Change            |
|              |                     |                      | <input type="checkbox"/> Add               |
|              |                     |                      | <input type="checkbox"/> Remove            |
|              |                     |                      | <input type="checkbox"/> Change            |
|              |                     |                      | <input type="checkbox"/> Add               |
|              |                     |                      | <input type="checkbox"/> Remove            |
|              |                     |                      | <input type="checkbox"/> Change            |

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