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COVER LETTER

	Registration Sec Division of Corp					
	BZ Berwick					
Name of Limited Liability Company						
The encl	osed Articles of A	Amendment and fee(s) are subr	nitted for filing.			
Please re	turn all correspor	ndence concerning this matter t	o the following:			
		Jayson Zimmer				
			Name of Person			
		BZ Berwick LLC				
			Firm/Company			
		705 Berry Ln				
			Address			
		Ponte Vedra Beach, FL 320	082			
			City/State and Zip Code			
		jayson.zimmer@gmail.com		(F-1)****		
		E-mail address: (t	to be used for future annual report not	nication)		
For furt	her information co	oncerning this matter, please ca	all:			
Jayson 2	Zimmer		at ()			
	Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclose	d is a check for th	ne following amount:				
■ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BZ Berwick LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company v		and assigned
Florida document number L21000530197		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the nar	ne of the new registered
		2022
Name of New Registered Agent:		- 2 - 2
New Registered Office Address:		•
	Enter Florida street address	~ O ≥ !!
	Enter Florida street address , Florida	The Code
The Company of sharping Designated Agents	City.	23
New Registered Agent's Signature, if changing Registered Agent:	•	11

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>	<u>Address</u>	Type of Action
AMBR	Roger Becker	13407 117th Ave Ct. E	≣ Add
		Puyallup, WA 98374	□Remove
AMBR	Michael Hague	89785 Surf Pines Landing Dr	= Add
		Warrenton, OR 97146	□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change

(b) The 90th day after the
fter filing.) Pursuant to 605.0207 (this date will not be listed as t
otional)
<u></u>