## 122000094575

(Re	questor's Name)	
DA)	dress)	
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SECRETARY OF STATE TALLAHASSEE, FL

O SIMMONS

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Blue Ribbon To	Cee's LLC Liability Company
The enclosed Articles of Amendment and fee(s) are submitt	ed for filing.
Please return all correspondence concerning this matter to the	ne following:
Ker	Name of Person
Blue R	ibbon Trees UC Firm-Company
<u>11048</u> (	artton Rd. Address
<u>Kathiee</u>	TU33749 ity/State and Zip Code
Serionous E-mail address: (to be	100 n 3 y O y Choo · Com
For further information concerning this matter, please call:	·
Ken Brown Name of Person	at ( <u>Ble3</u> ) <u>660-9437</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee ☐ S30.00 Filing Fee & ☐ Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT FILED TO ARTICLES OF ORGANIZATION APR -6 AM 6: 42 OF

SECRETARY OF STATE

Blue Ribbon Tr	LC TALLAHASSEE, FL
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>L220044575</u> .	ipany were filed on <u>2118122</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited  SCORE NOR - BUE RIC  The new name must be distinguishable and contain the words "Limited"	Liability Company here:  Liability Company," the designation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES	11049 Cartton Rd. Kathleen, Fl 33749
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:  New Registered Office Address:	Geri Brown 048 cartton Rd.
)	Enter Florida street address  Author Florida 33949  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.

II 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	Rodney Brown	11043 Cartoned.	🗆 Add
		Kathleen, Fe 33749	□ Remove
			Change
MGR	Keri Brown	11049 Cartton Rd.	□Add
		Kathien, Fl. 33849	□Remove
			Khange
			□Remove
			□Add
		□Remove	
			□Change
			□Add
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Note: i	e date, if other than the date of filing: 2122022 (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that's effective date on the Department of State's records.
he record ord is file	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 d.
Dated _	3/14/2022
	Signature of a member or authorized representative of a member
	3. Signature of a member of authorized representative of a member

Filing Fee: \$25.00