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(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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SECRETARY OF STATE TALLAHASSEE, FL

## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Co	rporations		
BNB AVE	ELLC		
SUBJECT:			<del></del>
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	AVRIL SAYERS		
		Name of Person	·
	BNB AVE LLC		
		Firm/Company	<del></del>
	3301 EMERALD POINT	E DRIVE 302A	
		Address	
	HOLLYWOOD, FL 3302	ī	illing. wing:  c of Person  //Company //Compan
		City/State and Zip Code	<del> </del>
	BNBAVE@GMAIL.COM		
	E-mail address: (	to be used for future annual report not	ification)
For further information of	concerning this matter, please of		
AVRIL SAYERS		305 3300700	
Name o	of Person	at () Area Code Daytin	ne Telephone Number
Name			•
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Address			ection -
Registration : Division of C		_	
P.O. Box 632	-	The Centre of	Tallahassee
Tallahassee, 1	FL 32314	2415 N. Monro	oc Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BNB AVE		
( <u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability  Florida document number	Company were filed on	and assigned
his amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I	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 AD	DRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
		SE SE
B. If amending the registered agent and/or registered agent and/or the new registered office address here		name of the new regist
Name of New Registered Agent:		in 0 :
New Registered Office Address:		FATE
	Enter Florida street address	
	, Florid	a
	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 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 on removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
CEO	AVRIL SAYERS	3301 EMERALD POINTE DR 302A, HOLLYWOOD, FL 33021	<b>=</b> Add
			□Remove
			□Change
AMBR	CHRISTOPHER MOISE	2520 RALEIGH STREET, HOLLY WOOD, FL 33020	<b>≅</b> Add
			□Remove
			Change
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ective date, if other than the of effective date is listed, the date must e: If the date inserted in this bloument's effective date on the De	be specific and cannot be p ck does not meet the app	olicable statutory filing		
cord specifies a delayed effective s filed.	date, but not an effective	e time, at 12:01 a.m. or	the earlier of: (b) The 9	Oth day after the
AUGUST 23	2022			
ed		 		
	1 5 7	<del></del>	<del></del>	
•	Signature of a member or a	uthorized representative o	r a member	