## L22000121182

| (R                      | equestor's Name)      |        |
|-------------------------|-----------------------|--------|
| (A)                     | ddress)               |        |
| А)                      | ddress)               |        |
| (C                      | ity/State/Zip/Phone # | )      |
| PICK-UP                 | ☐ WAIT                | MAIL   |
| (B                      | usiness Entity Name)  | )      |
| (D                      | ocument Number)       |        |
| Certified Copies        | Certificates of       | Status |
| Special Instructions to | Filing Officer:       |        |
|                         |                       |        |
|                         |                       |        |
|                         |                       |        |





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SECRETARY OF STATE

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## COVER LETTER

| TO: • Registration Se<br>Division of Co                  |   |   |   |   |  |
|--|---|---|---|---|--|
| BJ SERVE   | CE-AND GOODS LLC                                | Tr.   | •   |   |  |
| SUBJECT:   | Name of Lin                                     | ited Liability Company  | <del></del>   |   |  |
| The enclosed Articles of                                 | Amendment and fee(s) are sub                    | omitted for filing.   |   |   |  |
| Please return all correspo                               | ondence concerning this matter                  | to the following:   |   |   |  |
|  | Processing Department                           |   |   | ·-  |  |
|  |   | Name of Person  |   |   |  |
|  | MyCorporation Business !                        | Services, Inc.  |   |   |  |
|  |   | Firm/Company  |   |   |  |
|  | 26025 Mureau Road Suite                         | 120   |   |   |  |
|  |   | Address   |   |   |  |
|  | Calabasas, CA 91302                             |   |   |   |  |
|  |   | City/State and Zip Code   |   | (A) ~2  |  |
|  |   | to be used for future annual report notification)                     | ·   | ECF<br>TA   |  |
|  |   |   |   | LLA<br>SET  | ************************************** |
| For further information of                               | concerning this matter, please c                | all:  |   | ARY<br>HAG  |  |
| Processing Department                                    |   | 877 6926772<br>at ( )   |   | SSE   |  |
| Name c   | rf Person                                       | at ()at ()  | one Number  | 2024 JUL 11 AM 8+ 02<br>SECRETARY OF STATE<br>TALLAHASSEE, FL | (m.)                                   |
| Enclosed is a check for t                                | he following amount:                            |   |   |   |  |
| □ \$25.00 Filing Fee                                     | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & ☐ Certified Copy (additional copy is enclosed) | \$60.00 Filing<br>Certificate of<br>Certified Cop<br>(additional copy | Status &  |  |
| <u>Mailing Addres</u><br>Registration :<br>Division of C | Section   | Street Address:<br>Registration Section<br>Division of Corporation    | ons "   |   |  |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BJ SERVICE AN   | ND GOODS LLC  |  |
|---|---|--|
| (Name of the Limited Liability Compa<br>(A Florida Limited  | any as (t now appears on our records.)<br>Liability Company)      |  |
| The Articles of Organization for this Limited Liability Company   | were filed on and assigned  |  |
| Florida document number L22000121182  |   |  |
| This amendment is submitted to amend the following:   |   |  |
| A. If amending name, enter the new name of the limited liab   | oility company here:  |  |
| The new name must be distinguishable and contain the words "Limited Liabi   | lity Company," the designation "LLC" or the abbreviation "L.L.C." |  |
| Enter new principal offices address, if applicable:   | 807 SW 50th Way   |  |
| (Principal office address MUST BE A STREET ADDRESS)   | Gainesville, FL 32607   |  |
|   | 807 SW 50th Way   |  |
| Enter new mailing address, if applicable:   | Gainesville, FL 32607   |  |
| (Mailing address MAY BE A POST OFFICE BOX)  | SEC.  |  |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the name of the new registered      |  |
| Name of New Registered Agent:   |   |  |
| New Registered Office Address:  | Enter Florida street address                                      |  |
|   | . Florida   |  |
|   | City Zin 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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>          | Address               | Type of Action    |
|--------------|----------------------|-----------------------|-------------------|
| AMBR         | Boneur Jean-Philippe | 807 SW 50th Way       | □ Add             |
|              |                      | Gainesville, FL 32607 | □ R <b>e</b> move |
|              |                      |                       | <b>■</b> Change   |
| <del></del>  |                      |                       | □Add              |
|              |                      |                       | □Remove           |
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| TARY OF   |                            |
| SEE, S  | . ₹ . C                    |
|   | 02                         |
| E. Effective date, if other than the date of filing:  (If an effective 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  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records. | i.0207 (3)(b)<br>ed as the |
| If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after record is filed.   | r the                      |
| Dated $\frac{7/8}{2024}$ .  |                            |
| Hunture of a member of authorized representative of a member  |                            |
|   |                            |
| Boneur Jean-Philippe, Member  Typed or printed name of signce   |                            |

Filing Fee: \$25.00