## K22000171352

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22 MAY 12 AM 8: 39

T. MATTHEWS JUL 12 2022

## **COVER LETTER**

SUBJECT: BP NELZI	MANAGEMENTILC		·
SUBJECT: DE NELZI		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:	
	Betty Paul		29 Paytime Telephone Number  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Deary Faut	Name of Person	
	BP NELZI MANAGEME		<u></u>
		Firm/Company	
	3479 NE 163rd St #1238	Address	
	North Miami Beach, FL 3.	City/State and Zip Code	
	bettypaulrealtor@gmail.cor E-mail address: (	n to be used for future annual report no	tification)
For further information o	concerning this matter, please concerning		·
Betty Paul		at (305 ) 333-0329	
	of Person		me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	\$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee
= \$25.00 rming rec	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Address		Street Address:	ection
Registration Division of C		Division of Co	

P.O. Box 6327

Tallahassee, FL 32314

· TO:

**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

SECRETARY OF STATE DIVISION OF CORPORATIONS

BP NELZI MANAGEMENT LLC

22 MAY 12 AM 8: 39

(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 April 09, 2022	and assigned
Florida document number <u>L22000171352</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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 a agent and/or the new registered office address here:	ddress on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I provided for in Chapter 605, F.S.	am familiar with and Or, if this document is

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Arielle Paul	3479 NE 163rd St #1238	□Add
		North Miami Beach, FL 33160	□Remove
			Change
AMBR	Jeremiah Paul	3479 NE 163rd St #1238	
		North Miami Beach, FL 33160	□Remove
		<del></del>	
MGR	Betty Paul	3479 NE 163rd St #1238	<b>≣</b> ∧dd
		North Miami Beach, FL 33160	□Remove
			□Change
			□Add
			□Remove
			☐ Change
		<del></del>	□Add
			□Remove
			□Change
	···		□ Add
			□Remove
			□ Change

Barry Dan	ıl owns 80%	
Jeremiah	Paul 10%	<del></del>
Arielle Pa	aul 10%	
		<b></b> _
ective date.	if other than the date of filing: (optional)	
effective date e: If the date	if other than the date of filing:	605.0207 listed as
cord specifies s filed.	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	after the
ed <u>May, 4</u>	. 2022	
D	Signature of a member or authorized representative of a member	
ست ۶		

Filing Fee: \$25.00