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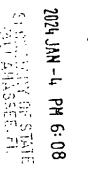
(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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## **COVER LETTER**

COVER LETTER				
TO: Registration Section Division of Corporations				
SUBJECT: BIH Derivs EStateS  Name of Limited Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Billy Dezivs Name of Person				
Billy Dezius Estates				
100 South Park blad suite 201_				
St Augustine Fl 32086 Dilezius akwi, Com				
E-mail address; (to be used for-future annual report notification)				
For further information concerning this matter, please call:				
Name of Person at (386) 283 - 3860  Area Code Daytime Telephone Number				
Same of Person Area Code Daytime Pereprone Islander				
Enclosed is a check for the following amount:				
□ \$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  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 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan	Estates by as it now appears on our records.)
The Articles of Organization for this Limited Liability Company of Florida document number $270292$ .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil Billy Bruce Dezius LLC	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	100 South park blud suite 201 St Augustine FC 32086
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12925 Lid Rd Jucksonville FL 32258
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:  New Registered Office Address:	1 Derius
New Registered Agent's Signature, if changing Registered Agent:	Enter Florida street address  Florida  City  Zagiode
Thereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete	re to act in this capacity. I further agree to mply with the 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. Thereby confirm that the limited liability

company has been notified in writing of this change.

IT 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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
	<del></del>		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
		<del></del>	□Add
			□Remove
			□Change
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 the record is filed. Dated December Signature of a member or authorized representative of a member