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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE TALLAHASSEE, FL

2022 AUG 24 PH 1: 56

COVER LETTER

TO: Registration Se Division of Co			
SUBJECT:	ito Biz. U	\bigcirc	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Bianca	MonAloito Name of Person	
	0.4		
	_ 10t0 B	E	
		Firm/Company	
	2851 SW	Address	
	Bayuton Opmoral	City/State and Zip Code City/State and Zip Code to be used for future annual report noti	33435
For further information of	concerning this matter, please co	<u> </u>	псацоп
Biauxa Name o	Marabito of Person	at (Sol) Royalim	e Telephone Number
Enclosed is a check for t	he following amount:		
⊠ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

Bito Biz LI		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	-
The Articles of Organization for this Limited Liability Florida document number		22 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere	ed office address on our records, enter the na	TACHE NEW registered
agent and/or the new registered office address here:		B 24 TARY AHAS
Name of New Registered Agent:		ानं 🗷 🚾
New Registered Office Address:	Enter Florida street address	T: 56
		1*1
	, Florida _	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 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
Mgn	Bianza Mondato	2851 SW 4th St.	′ ،dd
		Baystan Beach, FL	□Remove
		33435	
Mgr.	Oavid Monabito	2251 SWATH St.	□Add
9		Boyston Broch, FC	XRemove
		38435	
			□Add
			□Remove
			□ Change
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E ffect fan eff	ive date, if other than the date of filing: 6 2 2 (optional) fective 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 6	AE A2A2
vote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be literat's effective date on the Department of State's records.	isted as
	a spannen of oute b records.	
recor d is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af led.	ter the
Dated	August 18 2022	