# 122 CCC 7433 769

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000390135940

07/18/22--01039--013 \*\*\* 30.00

## **COVER LETTER**

TO: Registratio Division of	n Section Corporations		
SUBJECT:	ulsinger Busine	ss Ventures LLC	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		mted Liability Company	
The enclosed Article	s of Amendment and fee(s) are sul	bmitted for filing.	
Please return all corr	espondence concerning this matter	r to the following:	
	Joshua	Holsinger	2
	Dough	Holsinger  Name of Person  Bros. Pizzy	7: 18
	11326 N4	Firm/Company  6th Street	8 ! PH 7:
	Tampa, Fl	Address 0 Fld9 33617 City/State and Zip Code	C E
	Tholsinger @	City/State and Zip Code  Live. Com  (to be used for future annual report noti	
For further information	on concerning this matter, please c	·	icanini,
Joshva	Holsinger	ar (724) 612-	
Nat	ne of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for	or the following amount:		•
□ \$25.00 Filing Fee	e \$\frac{\footnote{\chi}}{\text{S30.00 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)
<u>Mailing Ado</u> Registratio		Street Address: Registration Sec	etion
Division o	of Corporations	Division of Cor	porations
P.O. Box ( Tallahasse	6327 re, FL 32314	The Centre of T 2415 N. Monro	allahassee 2 Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Holsinger Bus	iness	Ventu	125	LL			
(Name of the Limited Lia (A Flo	bility Company a prida Limited Liabi	s it now appear lity Company)	rs on our (	records.)			
The Articles of Organization for this Limited Liability Florida document number <u>L 22000 283</u>	y Company wei <u>26</u> 9	re filed on	610	19/2	2022	and assig	gned
This amendment is submitted to amend the following	<b>;</b> :						
A. If amending name, enter the new name of the I  HMV BOSINESS Vent  The new name must be distinguishable and contain the words "	NRS LI	LC	_	"LLC" or	the abbrev	iation "L.L.	<u>C."</u>
Enter new principal offices address, if applicable:	-	• •	Ü				
(Principal office address MUST BE A STREET AD	DRESS)				-		
						255	
							11
Enter new mailing address, if applicable:	_	.,					
(Mailing address MAY BE A POST OFFICE BOX)	. <u>-</u>					<u>&gt;</u>	1777
	_					⊒: ———	
						ંસ :	
B. If amending the registered agent and/or registe agent and/or the new registered office address here		ress on our r	ecords, <u>e</u>	nter the	name of	the new i	<u>registerec</u>
	_						
Name of New Registered Agent:							
New Registered Office Address:							
		Enter Flor	ida street e	iddress	_		
				_, Floric			
		City			Z	Tip Code	

### New Registered Agent's Signature, if changing Registered Agent:

11 100

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 Title Name 6975 Camden Ave. XIAdd Cocoa FL, 32927 [Remove Zachary Miller □ Change 2534 Northway Dr. Madd Venice FL, 34292 Remove .... Change \_\_\_ Change \_\_ □Add Remove \_\_\_\_\_ □Change Remove \_\_\_\_ □Change

	<del>-</del> .		1.2			<del>.</del>						_
<del></del>			<del></del>							<del></del>		_
			<u></u>									_
<del></del>						<del></del>				_	<u> </u>	_
<del></del>										<del></del>		_
											<del></del> ,	_
		_					_					<b>-</b> -
								· · · · · ·			2322 1701	í 2 2
											70.	<i>=</i> =
											_	
	•									-	<u> </u>	
	_						_				, C	л
										<u> </u>		_
								_				-
			,									-
		<del></del>		<del>_</del> -			_					-
									<del></del>			-
fective dat	e, if other	than the d	ate of filin	19:					(option	al)		
fective dat in effective da ote: If the d	ite is listed, thate inserted	ne date must b in this bloc	e specific an k does not	d cannot l	be prior to applicab	date of fili le statuto	ng or more ry filing re	than 90 da equireme	iys after fil nts, this d	ing.) Purst ate will n	iant to 60 not be lis	5.0207 ted as
ocument's el	fective date	on the Dep	artment of.	State's re	ecords.							
	ies a delaye	d effective o	late, but no	t an effe	etive time	e, at 12:0	La.m. on	the earlic	r of: (b)	The 90th	i đay aft	er the
is filed.				_								
nted	-/15.	1200	12	, 20	122							
	-		2//									
			716		$\subseteq$		ntative of					

Filing Fee: \$25.00