# 622000346350

(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	

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### **COVER LETTER**

#### TO: **Registration Section Division of Corporations**

SUBJECT:	Billy Bodacious 1.1.C	
The enclosed Articles	of Amendment and fee(s) are submitted for filing.	
Please return all corres	spondence concerning this matter to the following:	
	TARRIQ LAWSON	
	Billy Bedgelous	t Qe
	1557 HANCELY St	-
	TATTALASSEC F-1 32303 City/State and Zip Code	
	billyboducio: 5 830 E Spicilican It-mail address: (to be used for future Annual report notification)	
For further informatio	on concerning this matter, please call:	

405-39/3 Daytime Telephone Number ARRIG <u>880</u> at Name CPerson Area Code

Enclosed is a check for the 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) 2022 OCT 21 PH 2: 40

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 # TC ARTICLES OF O OI	) RGANIZATION			
Billy Bodactor ( <u>Name of the Limited Liability Compar</u> (A Florida Limited L. The Articles of Organization for this Limited Liability Company	by as it now appears on our records ability Company)	<u>ي</u> 2 <b>0</b> 22 and as	signad	
Florida document number <u>L2200034635</u> 0	were thed on <u>C</u>		agiica	
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:		2022	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC	" or the abbreviation "L	.1.Ē	
Enter new principal offices address, if applicable:			2	1000ء 1000ء 1
(Principal office address MUST BE A STREET ADDRESS)			<u>- P</u>	آ آ بر
			Ņ	$\Box$
		:	40	
Enter new mailing address, if applicable:				-
(Mailing address MAY BE A POST OFFICE BOX)			<b>.</b>	-
				_
B. If amending the registered agent and/or registered office a <u>agent and/or the new registered office address here</u> :	ddress on our records, <u>enter</u>	the name of the ne	w registe	<u>ered</u>

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	ddress
	City	, 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.

40	~
If Changing Degistered Agent Signature of New Registered Agen	<u>t</u>
$\subseteq$	



If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	<u>Type of Action</u>
MGR	TARRIO L. LANDON	1557 Jancey Street	[]Htdd
			⊡Remove
			□Change
			🗆 Add
			□Change
			Add 🗌
			🗆 Remove
			□Change
			🗆 Add
			ERemove
			🗆 Change
			🖸 Add
			□ Remove
		<b>n</b>	Change 🗌

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- 	2022 OCT 2 I
	PH 2: 40
	<u></u>

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 :	_act 21 2022
	Signature of a member or authorized representative of a member
	THARTO Lawson
	Typed or printed name of signee