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DIVISION OF CORPORATION

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## **COVER LETTER**

TO:	Registration Section Division of Corporations	. •	
SUBJI	ECT: DOCKOS DECLY & BCACK  Name of Limited Liability Company	•	
The en	aclosed Articles of Amendment and fee(s) are submitted for filing.		
			202
Piease	return all correspondence concerning this matter to the following:		32 St
	Odiania Makanzie		2022 SEP 12 PM12: 07
			$\ddot{\Sigma}$
	Firm/Company		07
	4636 90 th ave		
	Sunrise Fl 33361  City/State and Zip Code  34 Coli 125 (ASIMAI I-COM)		
	E-mail address: (to be used for future annual report notification)		
For fur	rther information concerning this matter, please call:		
Ö	Change Mchenzic at (954), 9 673 35  Name of Person Daytime Telephone Number	14	
Enclos	sed is a check for the following amount:		
<u>_</u> \s2	(additional copy is enclosed) Certified	te of Statu	
	Mailing Address:  Registration Section  Street Address:  Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOCO CAME of the Limited Liability Com	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>1220035</u> 017	7/-12
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited line Bodacias Pody & The new name must be distinguishable and contain the word "Limited Line Line Line Line Line Line Line Line	BeadSILLC
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	2022 SEP 1
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	PHIZ: 07
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:  New Registered Office Address:	NW 90th Aue  Enter Florida street address
_8	MSL Florida 3351  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 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>	Name	<u>Address</u>	Type of Action
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Filing Fee: \$25.00