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(Re	equestor's Name)
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(8)	usiness Entity Name)
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Certified Copies	Certificates of Status
Special Instructions to	PFiling Officer:
	Office Use Only



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When you need ACCESS to the world

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: MISTY 10/6

CERTIFIED COPY

ХХ РНОТОСОРУ

CORPORATE

INC.

ACCESS,

CUS

XX FILING

AMENDMENT

l. <u>BLLA, LLC</u>

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

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(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

PECIAL STRUCTIONS:

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:

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:

Max Adams Name of Person The enditantivm 4929 SW74th CT Uiam; FL 33155 City/State and Zip Code EVELYNDTHEMEDITAWFINM COM E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at (305, 444 - 3484 Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

1925.00 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 A TO ARTICLES OF O O	O PRGANIZATION
(Name of the Limited Linbility Compar (A Florida Limited L	LC. 2022 CUT - 6 Ful 9: 18 Inv as it now appears on our records.) Iability Company)
The Articles of Organization for this Limited Liability Company Florida document number $_$ $_$ 22000369336	were filed on $\frac{8/22}{22}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabl	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9485 JW 136th ST.
(Principal office address MUST BE A STREET ADDRESS)	Miami FL 33176
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	9685 SW 136th ST MIGINI FL 33176
B. If amending the registered agent and/or registered office a <u>agent and/or the new registered office address here</u> :	iddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City 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

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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	<u>Type of Action</u>
MGIZ	Brung Larissa Cins Aires	9485 5W 136 th St Miami FL 33176	🗋 Add
	Cins Aires	Liami FL 33176	LIRemove
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			EIAdd
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D.	If amending an	w other information.	enter change(s) here:	(Attach additional sheets,	if necessary.)
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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 October Ce, 2022
Me Co. al
Signature of a member or authorized representative of a member
Typed or printed name of signee

Filing Fee: \$25.00