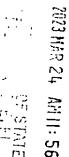
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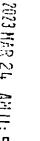
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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

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:	
James Bice	
Name of Person	
Firm/Company	
910 Tropical Dr	
Address	
Bradenton, FL 34208	ZPZ3 KAR
City/State and Zip Code jim_bice@msn.com	F.A.P. 2
E-mail address: (to be used for future annual report notification)	24
For further information concerning this matter, please call:	ATH: 56
Amanda Lindsay 971 255-2615 at ()	: 5 6
at () Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee □ \$certificate of Status □ \$certified Copy	itus &
Mailing Address: Registration Section Street Address: Registration Section	
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BICECO LLC		
(<u>Name of the Limited Liability</u> (A Florida I.	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con	mpany were filed on 1/4/23	and assigned
Florida document number 123000010207	<u>.</u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7023
(Principal office address MUST BE A STREET ADDI	<u> </u>	
		N
Enter new mailing address, if applicable:	-	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	-
	, Floric	iaZip Code
	Cav	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>	<u>Name</u>	Address	Type of Action
AMBR	James Bice	910 32nd ST CT E	■Add
			□Remove
			Change
			□Add
			□Remove
			□ Ghange
			22 € Granove
			OGhange
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			MChana

as the Registered Agent. He i	s also an authorized member.	
BICECO LLC was established	d with the state of Florida 1/4/23.	
		377 - 702
- 1,-		
		
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1.00		
	t be specific and cannot be prior to date of filing or more ock does not meet the applicable statutory filing re	
ecord specifies a delayed effectiv is filed.	e date, but not an effective time, at 12:01 a.m. on t	the earlier of: (b) The 90th day after the
March 20th	2023	; ∿ა
lwil	uda Ridsan	923 HAR
•	Signature of a member or authorized representative of	a member

. . .

Filing Fee: \$25.00