

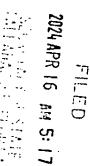
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04/16/24--01007--023 **25.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Fering Balbushop LLC Name of Limited Enability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Van C. Ferino Name of Person
Name of Person
Finn/Company
Firm/Company
27'922 SW 134th PL
Hemesterd Fr 33032 City/State and Zip Code
City/State and Zip Code
VANCATION PROTING Q 9 MAIL. COM E-mail address: (to be used for luture annual report notification)
For further information concerning this matter, please call:
Van. C Ferine 786 448-5187
Name of Person at (786) 448 - 5787 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee. Certificate of Status &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Taliahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FILED:

Ferino B	Albershop	LL C 20	24 APR 16 AM 5:	17
(Name of the Limited	Liability Company Florida Limited Lia	as it now appear pility Company) !-	on our records.	
The Articles of Organization for this Limited Liab	oility Company we	់នុះ ere filed on	3/7/23 One	and assigned
Florida document number <u>LZ3000/18</u>	452		1	
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of t	<u>he limited liabilit</u>	y company he	<u>re</u> :	
Ferino Muff; Serv The new name must be distinguishable and contain the wor	ites LLC			
The new name must be distinguishable and contain the wor	ds "Limited Liability	Company," the de		
Enter new principal offices address, if applicat	ole:	27922	SW 134th	PL
Enter new principal offices address, if applicat (Principal office address MUST BE A STREET	ADDRESS)	Homeste	Ad FL 33.	032
			•	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	<u> </u>		
B. If amending the registered agent and/or reg agent and/or the new registered office address		dress on our re	ecords, <u>enter the nan</u>	ne of the new registered
	17			
Name of New Registered Agent:	<u> YAn</u>	C. Feri	no	
New Registered Office Address:	279	ZZ SW	134th PL	
	Homis	Hend	/3 4 th .PL ida street address Florida	33032
		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

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
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			□Remove
		`	□Change
			□Add
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an effective date is listed, the lote: If the date inserted ocument's effective date	in this block does no	ot meet the applicable s	e of filing or more than 9 tatutory filing require	0 days after filing.) Pursua ments, this date will no	nt to 605,0207 (t be listed as t
e record specifies a The 90th day after			effective time, at	12:01 a.m. on the	e earlier of:
ated $\frac{3/z}{}$	24				
	Ų.	farmy a member or authorized			
	-				<u></u>
-	Signature o	f a member or authorized	representative of a mem	ber	