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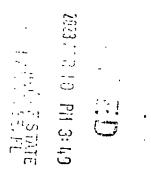
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## **COVER LETTER**

TO:

ro:	Registration Sec Division of Corp				
	Guided by B	. LLC			
SUBJEC	CT:	Name of Limit	ed Liability Company	***	
The enc	osed Articles of A	Amendment and fee(s) are subn	nitted for filing.		
Please re	eturn all correspor	ndence concerning this matter t	o the following:		
		Benita Holmes			
			Name of Person		
		Guided by B , LLC			
			Firm/Company		
		13209 Waterleaf Garden Ci	irele		6-3 3
		<del></del>	Address		
		Riverview FL 33579		<u> </u>	- 
		guidebbyb@yahoo.com	City/State and Zip Code		
		E-mail address: (t	o be used for future annual report notifi	ication)	FN 3: 49
For furt	her information c	oncerning this matter, please ca	dl:	لينا	C)
Benita	Holmes		813 2440013 at ( )		
	Name o	f Person	Area Code Daytime	: Telephone Number	
Enclose	ed is a check for the	ne following amount:			
<b>\$</b> \$2.	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing  Certificate of  Certified Cop  (additional copy	Status &
	Mailing Address Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Con The Centre of T 2415 N. Monroe Tallahassee, FL	porations Callahassee e Street, Suite 810	

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our re	cords.)	_ <del></del>
The Articles of Organization for this Limited Liability Company Florida document number			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial			
The new name must be distinguishable and contain the words "Limited Liab	nility Company," the designation	"LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			.~!
			2.3
Enter new mailing address, if applicable:		100 27	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			
(Maining dadress 1977) 1925			- 11 f
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ee address on our records,	enter the name	octhe new registered
Name of New Registered Agent:			
New Registered Office Address:  Enter Florida street address:		rt address	
		, Florida	Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compact accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	agree to act in this capact lete performance of my du	er 605 E.S. Or.	if this document is
प्र	Changing Registered Agent, Si	gnature of New Re	gistered 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
MGR	Benita Holmes	13209 Waterleaf Garden Circle	<b>≣</b> Add
		Riverview, FL 33579	□Remove
			□Change
	<del></del>		□Add
			Remove
			[]Change
			DAdd
			Remove
			Change
			□Remove
		<del></del>	□Change
			□Add
		<u>-</u>	□Remove
			□Change
· <del></del>			□Add
			□Remove
			□Change

Typed or printed name of signee