# L23000360085

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#### **COVER LETTER**

Division of Corporations	•
SUBJECT: BJ Stare LLC	
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:	
Chamaine Graud Name of Person	
123 Finish LLC Firm/Company	<del></del>
1019 W Duriance St	
Address	
Aun Park F1 33825	
City/State and Zip Code	
Chay, giraud@ gmail, com	<del>_</del>
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Charmaine Greated at 863, 381-090	15
Name of Person Area Code Daytime Telephone N	lumber
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certified Copy Certified Copy is enclosed)	0.00 Filing Fee, extificate of Status & extified Copy ditional copy is enclosed)
Mailing Address: Street Address:	

Registration Section
Division of Corporations P.O. Box 6327

TO: Registration Section

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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

BJ Stire LL.		
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our ted Liability Company)	records,)
The Articles of Organization for this Limited Liability Comparison document number $\frac{123003600}{}$	any were filed on July	31,2093 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I  BS Store LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designatio	
Enter new principal offices address, if applicable:		2023
(Principal office address MUST BE A STREET ADDRESS		<u> </u>
		9
Enter new mailing address, if applicable:		70 75
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>
(1.7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		0
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records,	enter the name of the new registered
Name of New Registered Agent:	.me	
New Registered Office Address:	Enter Florida stree	t address
	<u></u>	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 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
			□Add
			□Remove
		<del></del>	Change
			□Add
			□Remove
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ve date, if other that	n the date of filing	Oct.	10.200	-3(opti	onal)
ctive date is listed, the da f the date inserted in t nt's effective date on	his block does not me	eet the applicable	e statutory filing o	than 90 days afte equirements, th	filing.) Pursuant to 6 s date will not be l
	me Department of St	ate 3 records.			
specifies a delayed ef	fective date, but not a	in effective time.	, at 12:01 a.m. on	the earlier of: (I	) The 90th day a
<i>C</i> .					
(C,C,T)	10_	2023			

## **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: AMBR BARBARA V PIAR 2003 WIGHTMAN AVE SEBRING, FL. 33870 L23000360085 FILED 8:00 AM July 31, 2023 Sec. Of State olsimmons

## Article V

The effective date for this Limited Liability Company shall be:

08/01/2023

Signature of member or an authorized representative

Electronic Signature: BARBARA B PIAR

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.