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2024 MAR - I PM 4: 10 SECRETARY OF STATE

COVER LETTER

	tration Se on of Cor				
SUBJECT:	BNB	Enterprises LLC			
SUBJECT: _		Name of Lim	ited Liability Company		
The enclosed A	articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please return al	l correspo	ndence concerning this matter	to the following:		
		Michael Baziotis			
			Name of Person		
		BNB Enterprises LLC			
			Firm/Company	<u> </u>	
		101 Beechwood Drive	е		
			Address		
		Cranston, RI 02921			
		mikeybusiness89@g	City/State and Zip Code mail.com		·
		E-mail address: (to be used for future annual	l report notification)	
For further info	rmation co	oncerning this matter, please ca	all:		
Michael Baz	ziotis		401 at ()	5294562	
Name of Person		Area Code	Daytime Teleph	one Number	
Enclosed is a ch	neck for th	e following amount:			
□ \$25.00 Fili	ng Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee Certified Copy (additional copy is en		\$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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

BNB Enterprises LLC		
(<u>Name of the Limited Liability Co</u> r (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of OrgaOza@Ofor @is Limi@d Liabili@ Compa	aCy were filed oO August 15, 2023	aOd assigOed
Florida document number L23000382908		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
Bazio Enterprises LLC	•	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	2	. : : : 20
		i Ca
		題第四
Enter new mailing address, if applicable:		三二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二
Mailing address MAY BE A POST OFFICE BOX)		F 2 0
		7 3 3
B. If amending the registered agent and/or registered offi	ce address on our records, enter the	name of the new regis
agent and/or the new registered office address here:		-
Name of New Registered Agent:		
New Registered Office Address:		
rew registered Office Address.	Enter Florida street address	
	, Florid	o.
	, Florid	Zin 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>	Name	Address	Type of Action
			□Add
			□Remove
		···	Change
	<u> </u>		□Add
			□Remove
			Change
			□Add
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			□Adđ
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		☐ Change	
		Add	
		□Remove	
		Change	
-			□Add
		□Remove	

D. If amending any other info	rmation, enter change(s) here: (Attach a	additional sheets, if neces	sary.)
				
 				
				
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				<u> </u>
				
				
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. Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	must be specific and cannot be is block does not meet the a	applicable statutor	(option or more than 90 days after filly filling requirements, this d	ing.) Pursuant to 605,0207 (3)(
the record specifies a delayed effectord is filed.	ctive date, but not an effect	tive time, at 12:01	a.m. on the earlier of: (b)	The 90th day after the
Dated April 15	202	<u>.</u>		
	Michael Baziotis			
	Signature of a member or	authorized represen	ntative of a member	
1	Michael Baziotis			
	Typed or	printed name of sig	gnee	

Filing Fee: \$25.00