# L23000430516

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(business time, name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

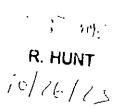
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### **COVER LETTER**

0:	Registration Section
	Division of Corporations

UBJECT:		entures LLC		
	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Kari	Bezzina		
		Name of Person		
	Bezzina	Ventures LL Firm/Company	<u>.c</u>	
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	Brodent	on FL 342	80	CIVISICA DE COM CADA 2020 OCT 26 PM I2:
		City/State and Zip Code	_	2 S
	Klynn C	calido200 smail	ication)	6 6
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For further information c	oncerning this matter, please ca	ill:		\bar{\bar{\bar{\bar{\bar{\bar{\bar{
	Bezzina	at (586) 718 - Area Code Daytime	3361	-
Name o	f Person	Area Code Daytime	: I clephone Number	
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fe Certificate of St Certified Copy (additional copy is o	tatus &

#### **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

Bezzina Ventures LLC.

(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)		
Florida document number <u>L730co 430516</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
The new name must be distinguishable and contain the words "Limited Liability Company." the design	nation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)	923		
	001		
	26		
Enter new mailing address, if applicable:	P. Service		
Mailing address MAY BE A POST OFFICE BOX)	72:		
	5 3		
B. If amending the registered agent and/or registered office address on our recording the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	rds, enter the name of the new register		
Enter Florida s	treet address		
	Florida		

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

f amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added r removed from our records</u>:

4GR = Manager AMBR = Authorized Member

<u>l'itle</u>	<u>Name</u>	Address	Type of Action
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		Bradenton FL 34208	_ □Remove
			_ □Change
			_ □Add
			_ 🗆 Remove
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Tective date, if other an effective date is listed, to ote: If the date inserted ocument's effective date	the date must be specified in this block does	ne and cannot be pri- not meet the appl	icable statutory fi	r more than 90 days a		
record specifies a delay is filed.	ed effective date, bu	it not an effective	time, at 12:01 a.i	n. on the earlier of	: (b) The 90th day aff	ter the
		3033	)			