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COVER LETTER

FO: Registration Se Division of Cor			
Paddock M	arket LLC.		
	Name of Lim	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:	
	Guy Levintin		
		Name of Person	
	BSD Capital LLC		
		Firm/Company	
	2790 Stirling Road suite#	10	
		Address	···
	Hollywod, FL 33020		
	usacnmlle@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	ication)
For further information c	oncerning this matter, please c	all:	
Guy Levintin		954 955-6222	
Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for th	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 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

Paddock Market LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited	any as <u>it now appears on our records.</u>) Liability Company)	
The Articles of Organization for this Limited lands document number L24000163380		were filed on 04/05/2024	and assigned
forida document number			
his amendment is submitted to amend the fol	llowing:		
x. If amending name, enter the new name	of the limited liab	oility company here:	
√/A			
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
<u>Mailing address MAY BE A POST OFFICE</u>	BOX)		
3. If amending the registered agent and/or agent and/or the new registered office addr		address on our records, <u>enter th</u>	e name of the new regist
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street address	-
		, Flori	ida
		City	Zin Codu

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>	<u>Address</u>	Type of Action
MGR.	Guy Levintin	2790 Stirling Road Suite10, Hollywood FL 33020	= Add
			□Remove
			□Change
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this I document's effective date on the I	mock does not	meet the appli	cable statute	ing or more than ory filing requir	(optional) 90 days after filing rements, this date	.) Pursuant to 605.0207 (3 will not be listed as th
ie record specifies a delayed effecti ord is filed.	ve date, but no	ot an effective	time, at 12:0	Ha.m. on the e	arlier of: (b) Th	e 90th day after the
Dated May 31		2024				
Dated			_			
Darca	<i>E</i>		-			
	Signature of a	member or auth	onized repres	entative of a mer	nber	