## L24000182843

(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: NU	M NUTZ UC		
SUBJECT: 190	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	14e11y	Name of Person	
	MUM	NUTZ UC Firm/Company	
	2437 E	E. ATLANTIC BIVE	d PMB 1174
	Pompano Kncorpo	Beach, FL 330 City/State and Zip Code dian Egmal. Cu o be used for future annual report notifi	102
For further information c	oncerning this matter, please ca		6
KUIY N. Name o	Corpodian	at (714) 307-74 Area Code Daytime	eation)  Telephone 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 Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 5 Division of C	Section	Street Address: Registration Sect Division of Corp	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street. Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NUM NUTZ U	<u> </u>	
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	iv as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000182843</u> .	were filed on April 18th, 2	2024 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil  BAM BAM > COMPANY  The new name must be distinguishable and contain the words "Limited Liability".	uc	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	M/A  ddress on our records, enter the	name of the new registered
New Registered Office Address:	Enter Florida street address	
		n
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I rovided for in Chapter 605, F.S.	am familiar with and Or, if this document is
	N/A	

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>	<u>Name</u>	<u>Address</u>	Type of Action
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effective date is listed, <u>e:</u> If the date inserte	r than the date of filir the date must be specific are ed in this block does not te on the Department of	nd cannot be prior to d meet the applicable	statutory filing requ	irements, this da	g.) Pursuant to 605.0
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record specifies a he 90th day afte	a delayed effective or the record is filed  Signature of a	date, but not a	n effective time,	at 12:01 a.m	. on the earlier
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Filing Fee: \$25.00