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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

TO:

TO: Registration S Division of Co			
BYB EUR	OPE, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	GREGORY BLOOM		
	- TRESTORY BECOME	Name of Person	
	CHASELAWYERS	raine of retson	
	CHASECAW LERS	Firm/Company	
	21/41/2009		
	21 SE 1ST AVE., STE, 70		·
		Address	
	MIAMI, FL 33131		
	GREG@CHASELAWYER	City/State and Zip Code	
		10 be used for future annual report not	ilication)
For further information of	concerning this matter, please c	·	
GREGORY BLOOM		305 283-8960	
Name o	of Person	at ()	ne Telephone Number
Enclosed is a check for the	he 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		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632		The Centre of T	Callahassee
Tallahassee. 1	rt, 32314	2415 N. Monro Tallahassee, FL	e Street, Suite 810 . 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BYB EUROPE, LLC		
(<u>Name of the Limited Liability Company as it r</u> (A Florida Limited Liability C	low appears on our records.) Company)	
The Articles of Organization for this Limited Liability Company were fillorida document number 1.24000220026	led on 05/10/2024 and as	signed
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability cor	npany here:	
he new name must be distinguishable and contain the words "Limited Liability Comp	pany," the designation "LLC" or the abbreviation "L	lC."
nter new principal offices address, if applicable:	2024	
Principal office address MUST BE A STREET ADDRESS)		Ţ
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>	13 PM 2: 05	
. If amending the registered agent and/or registered office address tent and/or the new registered office address here:	on our records, enter the name of the ne	w regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street 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

Zip Code

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
AMBR	UBBAD PROMOTIONS, LTD	19 OXFORD RD.	□Add
	DORSET, BOURNEMOUTH, EN	≣Remove	
		BH8 8-GS UK	
			□Add
			□Remove
			□Change
			□Add
		Remove	
			☐Change
			□Add
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Effective date, if other than the lift an effective date is listed, the date m	ne date of filing:	national data of Elim	(optional)	N
Note: If the date inserted in this document's effective date on the	block does not meet the a	ipplicable statutory filir	g requirements, this date w	ill not be listed as the
ne record specifies a delayed effect ord is filed.	ive date, but not an effect	ive time, at 12:01 a.m.	on the earlier of: (b) The	90th day after the
Dated	2024	,		
//	1/1/1/1/1	 ·		
	1111.11.11	an Bund		

Typed or printed name of signee