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(Ci	ty/State/Zip/Phone	#)
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COVER LETTER

	egistration Section	
SUBJEC	B 4. H. BYEWS LLC Name of Limited Liability Company	
The enclo	ed Articles of Amendment and fee(s) are submitted for filing.	
Please re	n all correspondence concerning this matter to the following:	
	Heather Deuble Name of Person	
	Firm/Company	
	14900 Camp Mail Rd #74	
	City/State and Zip Code Cator macks 2 @ amail: Com E-mail address: (to be used for future annual report notification)	
For furth	information concerning this matter, please call:	
Hea	Name of Person at (119) 937-5294 Area Code Daytime Telephone Number	-
Enclosed	a check for the following amount:	
yy⊒ \$25.0	Filing Fee Solution Solution Solution Solution Fee Solution Solution Fee Solution Solution Fee Solution Solutio	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

B 4 H Brus L (Name of the Limited Liability Compar (A Florida Limited L	iv as it now appears on our records.) iability Company)		
The Articles of Organization for this Limited Liability Company (and assig	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	to Company " the designation of I C"	the abbraulation of 1	<u> </u>
Enter new principal offices address, if applicable:	ay Company, the designation LLC or	The appreciation L.L.	
(Principal office address MUST BE A STREET ADDRESS)			16 3
		$\overline{\omega}$	
Enter new mailing address, if applicable:		E 5	و ق المقديد المراجعة
(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:	ddress on our records, enter the	name of the new i	registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florid	la	
	City	Zip 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 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
			Remove
			Change
			□Add
			□Remove
			Change
			□Add
		<u> </u>	□Remove
			□Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Change Dercentage 10 Dlo. -100/0 Billy Duble E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated _ lan 13, 2025

Filing Fee: \$25.00