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TALL MASSEE, FL

2023 OCT 30 PH 2:

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: Bayt In	terntional LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
		Lea Weisburt Green			
		Name of Person			
		Bayt International LLC			
		Firm/Company	 _		
		2901 NE 1st AVE, APT 1006			
	"				
		Miami, FL 33137	202; SE T		
	City/State and Zip Code				
	1	eaweisburt@gmail.com			
	E-mail address:	to be used for future annual report noti	fication)		
For further information co	ncerning this matter, please o	all:	2023 OCT 3/) PH 2: 12 SECT ALL MASSEE, FL IALL MASSEE, FL 7798		
Flavia Snitcovsk	у	a ³⁰⁵) 467	7798 FAT 7		
Name of	Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for the	e 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 S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7	Street Address: Registration Seconivision of Cor The Centre of T 2415 N. Monro	porations		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bayt International LLC

(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appea Liability Company)	ers on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	10/24/2023	and assigned
Florida document number 93-4073334			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company h	ere:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			<i>y</i> 2
			723 723
Enter new mailing address, if applicable:			3 C
• • • • • • • • • • • • • • • • • • • •	 		SO P
(Mailing address MAY BE A POST OFFICE BOX)	·		EST 2:
			FATE 2
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our i	records, <u>enter the na</u>	ime of the new registers
Name of New Registered Agent:			
New Registered Office Address:			
The Registered Office Fladiness.	Enter Flo	orida street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as playing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of provided for in (f my duties, and 1 ai Chapter 605, F.S. C	n familiar with and Or, if this document is
If Char	nging Registered A	gent, 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>	Address	Type of Action
AMBR	Lea W. Green	2901 NE 1st AVE, apt 1006	Œ A dd
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			□Change
			□Add
			□Remove
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ective d	ate, if other than t	ne date of fili	ing:			(optio	nal)	
<u>te:</u> If the	e date is listed, the date me e date inserted in this	block does no	t meet the application	able statutory f	or more than Iling requir	90 days after fements, this	iling.) Purs date will r	uant to 605.02 not be listed
ument's	effective date on the	Department o	f State's records.					
cord spe	cifies a delayed effec	tive date, but n	not an effective ti	me, at 12:01 a.	m. on the e	arlier of: (b)	The 90tl	h day after th
s filed.	-							-
ad (October 27		2023)		
ed	CLIONG! E!		Green		ribed	Mum	<i></i>	a 🔿
		Lea W.	Green	10/27/23 2	S6 PM EDT	IXL UM	(Sul	