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| Special Instructions to Filing Officer: |
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| Division of Cor | porations | | |
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| 5000001. | Name of Lim | nited Liability Company | |
| | Division of Corporations Bach Queen, LLC Name of Limited Liability Company the enclosed Articles of Amendment and fee(s) are submitted for filing, lease return all correspondence concerning this matter to the following: Zachary Schwartz Name of Person Bach Queen Firm/Company 325 S Biscayne Blvd., Suite 2322 Address Miami, FL 33131 City/State and Zip Code Zach@bachqueen.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: achary Schwartz Name of Person Name of Person Name of Person Daytime Telephone Number | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | Zachary Schwartz | | |
| | | Name of Person | |
| | Bach Queen | | |
| | | Firm/Company | |
| | 325 S Biscayne Blvd., Sur | te 2322 | |
| | * | Address | <u> </u> |
| | Miami, FL 33131 | | |
| | | City/State and Zip Code | |
| | | | |
| | E-mail addresst (| to be used for future annual report notifi | cation) |
| For further information co | oncerning this matter, please ca | all: | |
| Zachary Schwartz | | 561 212-2571 | |
| Name of | Person | Area Code Daytime | Telephone Number |
| | | | |
| Enclosed is a check for th | 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 Section Division of Corporations

TO:

Registration Section

Tallahassee, FL 32314

P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bach Queen, LLC

company has been notified in writing of this change.

| (Name of the Limi | ted Liability Comp: (A Florida Limited | nny as it now appears on our record Liability Company) | <u>s.</u>) | | | | |
|---|---|---|--------------------------------|--|--|--|--|
| The Articles of Organization for this Limited L Florida document number $\frac{1.18000244889}{1.18000244889}$ | iability Company | were filed on 09/10/2018 | and assigned | | | | |
| This amendment is submitted to amend the following | owing: | | | | | | |
| A. If amending name, enter the new name of | f the limited liab | oility company here: | | | | | |
| The new name must be distinguishable and contain the v | vords "Limited Liabi | lity Company," the designation "LLC | " or the abbreviation "L.L.C." | | | | |
| Enter new principal offices address, if applicable: | | 325 South Biscayne Blvd., Suite 2322 | | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | Miami, FL 33131 | AU T | | | | |
| Enter new mailing address, if applicable: | | 325 South Biscayne Blvd., Sui | te 2322 | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | Miami, FL 33131 | ΞΞ ω | | | | |
| B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent: | | <u>.e</u> : | s, enter the name of the n | | | | |
| New Registered Office Address: | 325 South Biscayne Blvd., Suite 2322 | | | | | | |
| | | Enter Florida street addres | s | | | | |
| | Miami | , Flo | Florida 33131 Zip Code | | | | |
| New Registered Agent's Signature, if changing | Registered Agent: | <u>.</u> | • | | | | |
| I hereby accept the appointment as register provisions of all statutes relative to the proj | ed agent and agr | - ree to act in this capacity. I fin | | | | | |

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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. Thereby confirm that the limited liability

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 |
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Filing Fee: \$25.00