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SECHETARY OF STATE TALLAHASSEE. FLORIDA

AUG 23 新期 3b

T. CLINE

AUG 24 2010

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT:BAI	LIATRIC HOLDING	65, LLC			
	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles of A	amendment and fee(s) are su	bmitted for filing.			
Please return all correspon	dence concerning this matte	r to the following:			
	Law	NENCE A: CAPLAN	\sim		
	,	Name of Person			
	LAWREN	Firm/Company	A-		
		Firm/Company			
	1375 GATE	WAT BUS.		70 S	
		Address		ECRI	-качей.
	BOYNTO	NBEACH, FC 334	26	JG 2: HASS	# C. 17
	LCAPLAN	NBEACH, FL 334 City/State and Zip Code O LA CAPLAN LA (to be used for future annual report notifica	N-COM	3 M KD: 36 SY OF STATE SEE, FLORIDA	;
	E-mail address:	to be used for future annual report notifica	tion)	SE T	"~;
For further information co	ncerning this matter, please	call:		36 36 36	
L- CA Name of	Person Person	at (<u>561) 988-68</u> Area Code & Daytime T	009 elephone Number	···	
Enclosed is a check for the	following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
MAILIN	NG ADDRESS:	STREET/COURIE	R ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

BAMATIME HOLDING (Name of the Limited Liability Compa	s, uc	
(A Florida Limited L	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on MANEU 3, 2005 and assigned	
Florida document number <u>LoSocoo21533</u>		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	nility company here:	
g mane, gareer the new manie of the minica map	:-1 F->	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviati	oņ
Enter new principal offices address, if applicable:	300 HEALTH PANK BLVDEE ?	F. 7
(Principal office address MUST BE A STREET ADDRESS)		· *
	ST. AVGUSTINE, FL 32086	444111 1
	ATE JEIO	
Enter new mailing address, if applicable:	300 HEALTH PANK BWD.	
(Mailing address MAY BE A POST OFFICE BOX)	SVITE 5002	
	ST. AVGUSTINE, FL 32086	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, <u>enter the name of the ne</u> e:	<u>w</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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 608, 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>мвгм</u>	RTM HOLDINGS, LLC	4801 N. FEDERAL HWY. SVITE 103 FT. LAUDERDANE, FL 33308	AddRemove
			Add Remove
			Add
		; 	S SAdd Remove
			23 Add Remove
			Add Remove
D. If amendi	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	 y.)
_			· · · · · · · · · · · · · · · · · · ·
Dated <u>Av6</u>	VST 20, 2010,		
		r or apphorized representative of a member	

Filing Fee: \$25.00