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(Re	equestor's Name)			
(Ad	ldress)	·		
(Ac	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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EXAMINER

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COVER LETTER

SUBJECT: Bat) POSh COX (Name of Limite	Off Liability Company)	·	
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
	Julie 7	ENEN BOULY (Name of Person)		
	Baby Pa	OSh Garage, U		
	18000 M. C)/XI HWY.		
AVENTURA, FL 33/80 (City/State and Zip Code)				
For further information concerning this matter, please call:				
JUL TO (Name of)	Person)	at (305) 218-037 (Area Code & Daytime Te	P-7 Jephone Number)	
Enclosed is a check for the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	

Registration Section Division of Corporations

TO:

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Bahu Posh Farage LCC				
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number <u>L0700110971</u> .	were filed on NOV. 1, 2007 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
NIA				
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."				
Enter new principal offices address, if applicable:	18000 W. Divie Hwu.			
(Principal office address MUST BE A STREET ADDRESS)	AURNHURA, FC 33180			
	·			
Enter new mailing address, if applicable:	18000 W. Dixie Hwy.			
(Mailing address MAY BE A POST OFFICE BOX)	AUROHOKA, FC 33180			
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:				
Name of New Registered Agent:	Tenenhaum			
New Registered Office Address:) DIVIO HUMI.			
New Registered Office Address.	(Enter Florida street address)			
<u> Allent</u>	()YQ, Florida_33/80			
 	(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)				

Page 1 of 2

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

MGRM = Managing Member **Type of Action Address** Title <u>Name</u> 3389 Shuridan Street Tenenboum, Olivier **□** Add Remove ☐ Add Remove Remove _ Add Remove ☐ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ture of a member or authorized representative of a member ENLY MUM
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00