L11000124076

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basiless Emily Name)
(Document Number)
(Bocument Number)
Continue of Charles
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700405184027

(0)/00(20 -0)(4)5--02(**455,40



May 21, 2023

GISSELLE MEIXNER BADER'S GROUP LLC 261 DESOTA RD WEST PALM BEACH, FL 33405 US

SUBJECT: BADER'S GROUP, LLC

Ref. Number: L11000124076

We have received your document for BADER'S GROUP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Antoinette A Gonzalez Regulatory Specialist II

Letter Number: 323A00011597



2023 (UT -8 AH IO: 52

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Dader'S Grap	Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma	uter to the following:	
Gisselle. Badurs 2101 Desot	Name of Person Grap UC. Film/Company	
	Address	****
West Palw	Beach, FL 33405 City/State and Zip Code	<u> </u>
aisselle G	badersamy. Com	
E-mail addre	ess: (to be used the future annual report notific	ration)
For further information concerning this matter, plea	se call:	
GISELLE MUXNEY Name of Person	at (<u>Del</u>) 572 Area Code Daytime	7190 Telephone Number
Enclosed is a check for the following amount:		
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Statu		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Sect Division of Corpo The Centre of Ta 2415 N. Monroe	orations co llahassee Street, Suite 810
	Tallahassee, FL 3	32303 E S

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

paders Group, UC.	
(Namle of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L[000]24076</u> .	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	The Solut Reach H 32405 5
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	21el Desofa Rd West Pulm Beachy FC 33405
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Pu	Enter Florida street address Mix W Enter Florida street address Mix Mark City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

 \bigcirc \downarrow \downarrow \bigcirc

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 Changing Registered Agent, 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>	Name	Address	Type of Action
Myr	Hex Bader	904 Sedgewood Dr.	🗆 Add
		9041 Sedgeword Dr. Lake WorthyFL 3346.7	ERemove
			□Change
			□Add
			□Remove
			□ Change
			□Ādo
			□Remove
			□ Ghange
			Change Add Remove Change Change Add Remove Change Add Add Remove Add A
			□ Change
			□Add
			□Add
			□Add
			□ Remove

					·····					
										
					<u> </u>			<u>-</u>		
							<u> </u>			
										
				<u> </u>						
										
	_		<u>-</u>							
. 				<u> </u>	-					
										
		 				 		·		
Effective o	date, if oth	er than the	date of filit	ng:	or to date of filing	g or more than 90	(optiona) davs after filir	l) ig.) Pursuan	t to 605.02	207
Note: If th	ne date inser	rted in this blo	ock does not	meet the appl 'State's record	icable statutory	filing require	nents, this da	te will not	be listed	as
			· · · · · · · · · · · · · · · · · · ·							
	ecifies a del	ayed effective	e date, but no	ot an effective	time, at 12:01	a.m. on the ear	dier of: (b)	The 90th di	ay after th	ıc
ord is filed.				<i>[</i> ·	[~ 3	
Dated	03 .	30.207	<u> </u>		<u> </u>			:	 8- i.if 8202	
		,			la I I I L	1			=======================================	
			Signature of	a member or art	porized concession	lafive of a mem	ber		— ಓ	
					March	Willy			수 	
				V1 /	11 211/2011	VIV II A I V V 4	ΛM			

Filing Fee: \$25.00