11400025334

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

Registration Section TO: Division of Corporations

FILING CANCELLED RETURNED CHECK

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|----------|-------|---------------|
| | Radie | (|
| SHRIECT: | Badie | $\overline{}$ |

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

| Lorenzo Badie |
|--|
| Name of Person |
| Badie LLC |
| Firm/Company |
| 35 E Blue Heron Blvd |
| Address |
| Riviera Beach, FL 33404 |
| City/State and Zip Code |
| Badiellc14@gmail.com |
| E-mail address: (to be used for future annual report notification) |

For further information concerning this matter, please call:

Lorenzo Badie

at (_561) 577-9717
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

₽-\$25:00 Filling Pee

₩\$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 P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| $i^{\pm}i$ | LEL |
|--------------|---------------------------------|
| LUITAUG 2 | / 14 |
| TALLATIANOSE | ` ⁴¹⁷ 8:47 ™: <=. |
| n | E.FIORIA |

Badie LLC

(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 we | re filed on 02/13/2014 | and assigned |
|--|---|-------------------------------------|
| Florida document number L14000025334 | | - |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liability | company here: | |
| | | |
| The new name most be distinguishable and contain the words "Limited Liability O | Company," the designation "LLC" or the abbr | reviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| _ | | |
| B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: | e address on our records, <u>enter t</u> | he name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | Florida | |
| No. Decision and the second se | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office adecompany has been notified in writing of this change. | formance of my duties, and I am fa wided for in Chapter 605, F.S. Or, ij | miliar with and this document is |
| | | |

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

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| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|----------------|-------------------|----------------------------|--------------------------|
| Treasurer | Casondra Badie | 35 E Blue Heron Blvd | © ∕Add |
| | | Riviera Beach FL. 33404 | Remove |
| | | | Change |
| Vice President | Lorenzo Badie III | 740 Exeuctive Center Drive | 🖸 📈 dd |
| | | West Palm Beach FL 33407 | □ Remove |
| | | | Change |
| MGR | Casondra Badie | 35 E Blue Heron Blvd | 🗆 Add |
| | | Riviera Beach FL 33404 | Dr Remove |
| | | | ☐ Change |
| Secretary | Ariel Badie | 4693 S Dyson Circle | Qidá |
| | | West Palm Beach FL 33415 | □ Remove |
| | | | ☐ Change |
| Director | Taqueria Badie | 984 Lucaya Dr | □ ⊼dd |
| | | Riviera Beach FL 33404 | Remove |
| | | | <u>≱</u> □ B ange |
| | | | LANCASS |
| | | | ASSEE HANGE |
| | | | © A Ghange |

| Effective date, if other than the date of filing: May 21, 2017 [If an effective date is fisted, the date must be specific and cumum be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The 90th day after the record is filed. Dated August 7 2017 Signature of state by antibutive of a member | $\overline{}$ | I LING CANCELLED | |
|--|-------------------------------|---|---|
| Effective date, if other than the date of filing: May 21, 2017 | ——— R | ETURNED CHECK | |
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| Effective date, if other than the date of filing: May 21, 2017 | | | 7.7. |
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| | | | tive time, at 12:01 a.m. on the earlier o |
| Signature of a member of authorized representative of a member | Dated August 7 | | |
| Signature of a member or authorized representative of a member | | | |
| | | Signature of a member of authorized represe | entative of a member |

Page 3 of 3

Filing Fee: \$25.00