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(Rec	questor's Name)	
(Add	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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SECNOTION OF STATE
AND ASSEE, FLORIDA

SEP 17 2015 N. CAUSSEAUX

Division of Corpor	ations '		
SUBJECT: BA	HARI LLC Name of Limi	ted Liability Company	
The enclosed Articles of Am	endment and fee(s) are subr	nitted for filing.	
Please return all corresponde	nce concerning this matter t	to the following:	
	KEVAL	ICANTARIA Name of Person	
		Firm/Company	RES TABLE AP
	2701 N. R	-OCKY POINT D Address	RIVE STE 190
-	TAMPA/P kevalka E-mail address: (to	City/State and Zip Code City/State and Zip Code Code	nail. com
For further information conce	erning this matter, please ca	11:	
Keval I	Cantaria	at (304) 4 2 3 Area Code Daytime	7832
Enclosed is a check for the fo		Area Code Daytime	reiepnone Number
□ \$25.00 Filing Fee □	Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

Registration Section

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

Amendment to the articles of organization of

BA	HARI	LLC		
(Name of the Limited (A	Liability Compan Florida Limited L	y as it now appears lability Company)	on our records.)	
The Articles of Organization for this Limited Liab		were filed on	man Le	and assigned
This amendment is submitted to amend the follow	ing:			Mo R
A. If amending name, enter the new name of the	<u>ne limited liabil</u>	lity company her	<u>.</u>	8: 29 FLORIDA
The new name must be distinguishable and contain the work	ds "Limited Liabili	ty Company," the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	BAHAI	LI LLC OBA	NATURES TABLE
(Principal office address MUST BE A STREET	ADDRESS)			607
Enter new mailing address, if applicable:		As	ABOUE	
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	e address here	KANTA V. ROKY	Point Ordinates	
	JAM		, Florida _	33607
		City	, I 101 1 u tt _	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 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

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
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fect	ive date, if other than the date of filing: (optional)	
an efi ote:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purson If the date inserted in this block does not meet the applicable statutory filing requirements, this date will requirements.	uant to 605.020° not be listed as
cun	ent's effective date on the Department of State's records.	iot be listed a.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	ne earlier o
Ine	90th day after the record is filed.	
	CENTINE PL SUIL DOLL	
ated	CEPTEMBER 04H, 2015	
	t	
	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00