

L15000122443

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BAUEN INDUSTRIES LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
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M. SOLOMON

APR 17 2023

COVER LETTER

H23000138717

**TO: Registration Section
Division of Corporations****SUBJECT:** Baucn Industries I.L.C.

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:

Jaylene Mecker

Name of PersonHool Coury Law, PLC

Firm/Company2398 E. Camelback Rd., Suite 1020

AddressPhoenix, AZ 85016

City/State and Zip Codeacc@hoolcourylaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jaylene Mecker

Name of Person602 852-5500
at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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 Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 323032023 APR 13 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FL 32303

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

H23000138717

Bauen Industries 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 were filed on 07/16/2015 and assigned Florida document number L15000122443.

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 must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

10956 N. Saddle Pass Rd.

(Principal office address MUST BE A STREET ADDRESS)

Prescott, AZ 86305

Enter new mailing address, if applicable:

10956 N. Saddle Pass Rd.

(Mailing address MAY BE A POST OFFICE BOX)

Prescott, AZ 86305

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:

Northwest Registered Agent LLC

New Registered Office Address:

7901 4th Street N., Suite 300

Enter Florida street address

St. Petersburg

Florida 33702

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 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.


Taylor N. Nunn

If Changing Registered Agent, Signature of New Registered Agent

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Ashton Mockler	10956 N. Saddle Pass Rd.	<input checked="" type="checkbox"/> Add
		Prescott, AZ 86305	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated April 12, 2023

Jed Mackler Signature

Signature of a member or authorized representative of a member

Jed Mockler

Typed or printed name of signee

H23000138717

Filing Fee: \$25.00