

Florida Department of State
Division of Corporations
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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : CAPITOL SERVICES, INC.
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BAUEN INDUSTRIES LLC

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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 Person

Hool Coury Law, PLC
Firm/Company

2398 E. Camelback Rd., Suite 1020
Address

Phoenix, AZ 85016
City/State and Zip Code

acc@hoolcourylaw.com
E-mail address: (to be used for future annual report notification)

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 TALLAHASSEE, FL 32303

For further information concerning this matter, please call:

Jaylene Mecker at 602 852-5500
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$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 Address:
 Registration Section
 Division of Corporations
 The Centre of Tallahassee
 2415 N. Monroe Street, Suite 810
 Tallahassee, FL 32303

H23000138717

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.



If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

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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