

(((H24000342226 3)))



H240003422263ABCZ

| To: | | | |
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| 10. | Division of C | nrnorations | . المراجعة |
| | | : (850)617-6383 | SHE SHE |
| From: | | | :60° :00€ |
| | Account Name | : CAPITOL SERVICES, INC. | 1,47 ±4 |
| | Account Numbe | r : I20160000017 | î,₁o |
| | Phone | : (855)498-5500 | 72 |
| | Fax Number | : (800)432-3622 | ; <u>_</u> |

BAUEN INDUSTRIES LLC Certificate of Status 0

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 05 |
| Estimated Charge | \$55.00 |

M. SOLOMON

OCT 14 2024

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Corporate Filing Menu

Help

Tallahassee, FL 32314

| TO: | : Registration Section Division of Corporations | | | H24000342226 | |
|--------------------------|---|-----------------------|---|---|--|
| Bauen Indi | | • | | | |
| SUBJECT: | | | Name of Lim | | |
| The encl | losed Arti | cles of An | nendment and fec(s) are sub | mitted for filing. | |
| Please re | eturn all c | orrespond | ence concerning this matter | to the following: | |
| | | | Jaylene Meeker | | |
| | | | | Name of Person | |
| | | | Hool Coury Law, PLC | | 202 SE |
| | | | | Firm/Company | |
| | | | 2398 E. Camelback Road, | Suite 1020 | |
| | | | | Address | |
| | | | Phoenix, AZ 85016 | | 2024 OCT 11 PM 4: 35 SEGNE ARY OF STATE TALLAHASSEE, FL |
| | | | jmeeker@hoolcourylaw.co | City/State and Zip Code | TALE |
| | | - | | to be used for future annual report notification) | |
| For furth | ner inform | nation cond | cerning this matter, please c | · | |
| Jaylene | Meeker | | | 602 852-5500 | |
| | | Name of Po | erson. | at () Area Code Daytime Telephone S | Number |
| Enclosed | i is a chec | k for the f | following amount: | | |
| □ \$ 25. | .00 Filing | Fcc | □ \$30.00 Filing Fee & Certificate of Status | Certified Copy Co (additional copy is enclosed) Co | 0.00 Filing Fee, ertificate of Status & ertified Copy ditional copy is enclosed) |
| | Mailing Registra | Address: ation Sec | etion | Street Address: Registration Section | |
| Division of Corporations | | | Division of Corporations | | |
| | P.O. Bo | ox 6327 ssee, FL | 32314 | The Centre of Tallahassee 2415 N. Monroe Street, St | |
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Tallahassee, FL 32303

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ARTICLES OF AMENDMENT

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H24000342226

| Name of the Limited Liability Compa (A Fiorida Limited | any as It now appears (Liability Company) | on our records. | |
|--|---|---|----------------------|
| The Articles of Organization for this Limited Liability Company were filed on 7/16/2015 Florida document number L15000122443 | | | i assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | oility company here | : | |
| The new name must be distinguishable and contain the words "Limited Liabi | ility Company," the desi | gnation "LLC" or the abbreviatio | |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| | | יים מים ניים ניים | ¥ 0 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | <u> </u> |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our rec | ords, enter the name of the | new registered |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| New Registered Office Address. | Enter Florido | street address | |
| | | , Florida | |
| | City | , Florida Zip C | ode |
| New Registered Agent's Signature, if changing Registered Agent; | Ĺ | | |
| I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change. | e performance of m provided for in Ch | y duties, and I am familiar apter 605, F.S. Or, if this c | with and document is |

If Changing Registered Agent, Signature of New Registered Agent

Docusign Envelope ID: D179571C-CF64-4450-BD0D-4807EA59E267
11 amenuing Authorized rerson(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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H24000342226

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|--------------------------|--------------------|
| AMBR | Jed Mockler | 10956 N. Saddie Pass Rd. | ■Add |
| | | Prescott, AZ 86305 | □Remove |
| | | | Change |
| | | | □Add |
| | | | □Remove |
| | | | ZE nge OCT OAdd |
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| | | | □Add |
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| | | | ПRетюче |
| | | | □Change |

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| feetive date, if other than the date of filing: or effective date, if other than the date of filing: or effective date is issted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Persuant to 605.020. High If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records. Each of State's records. Cotober 10 2024 Signature of a member or authorized representative of a member Ind Mockler. | amending any other informs | ation enter change(s) here: (Au) | ach additional sheets, if necessi | | 0342226 |
|--|---|---|---|------------------------|--------------------------------|
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| Signature of a member or authorized representative of a member | October 10 | , 2024 | | | |
| Signature of a member or authorized representative of a member | | | | | |
| ied Mockler | | Signature of a member or authorized rep | presentative of a member | • | |
| | Jed Mockler | | | | |

Filing Fee: \$25.00

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