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Registration Section Division of Corporations

TO:

BAZANTE	REALTY GROUP, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	DORCAS TROCHE			
		Name of Person		
	RCG ACCOUNTING & A	SSOCIATES		
	Firm/Company			
	9000 SHERIDAN STREET SUITE 138			
	Address			
	PEMBROKE PINES, FL 33024 City/State and Zip Code			
	DORCAS@RCGACCOUN			
	E-mail address: (to be used for future annual report not	dication)	
For further information co	oncerning this matter, please c	all:		
DORCAS TROCHE		954 862-2222		
Name of	Person	at () Area Code Daytim	e Telephone Number	
Enclosed is a check for th	e following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Se Division of Col The Centre of T	rporations	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAZANTE REALTY GROUP, LLC

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(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 ______ and assigned Florida document number 1.15000187569 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BAZANTE PROPERTY SERVICES, LLC 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: (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 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: New Registered Office Address: Enter Florida street address

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

____, Florida _<u>__</u>_

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

<u>Title</u>	Name	Address	Type of Action
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Note:	tive date, if other than the date of filing:
record is f	rd 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 filed.
Dated	JANUARY 29 2020
Juice	
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00