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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE LLC

Account Number : 120140000083 Phone

: (407)932-0040

Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BAZOOKA ENTERPRISE L.L.C.

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COVER LETTER

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SUBJEC	CT·	BAZ	OOKA:	ENTERPRISES LLC	•	,				
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The encl	losed	l Artic	les of A	mendment and fec(s) are sub	mitted for filing					
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					Name of Perso	חת		•		
				BAZOOKA ENTERPRIS	ES LLC					
					Firm/Compan	у		•		
				2728 HERONS LANDING	G DR					
					Address			`.		
				KISSIMMEE FL, 34741		\$ '				
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				LGOMEZGAMBOA@GM E-mail address: (to be used for future a	nnual report notifi	cation)	CR		
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		F I F	Registrat Division P.O. Box	NG ADDRESS: tion Section of Corporations (6327 see, FL 32314	Reg Div Clir 266	REET/COURIE gistration Section vision of Corpora fton Building 51 Executive Cen llahassoe, FL 323	tions ater Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAZOOKA ENTERPRISES LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records a Limited Liability Company)	J
The Articles of Organization for this Limited Liability (Company were filed on 05/02/2016	and assigned
Florida document number L16000085437		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited 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 ADD	RESS)	全四第 卫
		SS 30 L
•		
Enter new mailing address, if applicable:		S C
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the p
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flo	rida
	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

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

Title	<u>Name</u>	Address	Type of Action
MGR	DAVID BRUCE	2728 NERONS LANDING DR	
		KISSIMMEE FL 34741	■ Remove
	•		☐ Change
MGR	CAROLINA GOMEZ	2728 HERONS LANDING DR	
		KISSIMMEE PL 34741	□ Remove
			☐ Change
			Add
		· · · · · · · · · · · · · · · · · · ·	☐ Remove
			□ Change
			Add SECI
			CRETARY DOMANTE.
			DFS12 FLO
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on effective date is listed, the date mu ote: If the date inserted in this b	st be specific and cannot be prior lock does not meet the applic	to date of filing or more the able statutory filing requ	an 90 days after filir uitements, this da	ig.) Pursuant to 605.020 te will not be listed a
ocument's effective date on the I	epartment of State's records		·	
		<u>41.</u>		
e record specifies a delaye The 90th day after the rec	d effective date, but no cord is filed.	it an effective time,	at 12:01 a.m	on the earlier of
	2017			
MARCH 30		•		
ated MARCH 30	,,			
MARCH 30	Signature of a member or auth			

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