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# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: BASS AHOLICS, U.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:	
SUNTL BODDRAM Name of Person	
Traine of 7 closes.	
Firm/Company	
P.O. BOX 702343	
DAINT CLOUD, PL 34776	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
SUBJECT: BASS AHOLTCS, LLCC.  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:  SUFFICE BADDLAM  Name of Person  Firm/Company  P. O. BOX 7023 43  Address  SATINT CLOUD, FL 34776  City/State and Zip Code  SIDES AL AMERICAL COMM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  SUNT BOOM AM  Name of Person  at 321, 363-6389  Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  X \$25.00 Filing Fee \$ \$55.00 Filing Fee & \$60.00 Filing Fee,	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Scrifficate of Status Stat	

# MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability	ty Company as it now app	ears on our records.)		
( <u>Name of the Limited Liabilit</u> (A Florida	Limited Liability Company	y)		
The Articles of Organization for this Limited Liability C Florida document number <u>L. 160001739161</u>	ompany were filed on	9/19/2016	and assig	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ited liability company	here:		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," th	ne designation "LLC" or the abb	previation "L.L	.C."
Enter new principal offices address, if applicable:			17	1) 1 (4)
(Principal office address MUST BE A STREET ADDR	RESS)		MAR	<u> </u>
			<u> </u>	<u> </u>
			<b></b>	
Enter new mailing address, if applicable:			22	9.55 1.55
(Mailing address MAY BE A POST OFFICE BOX)			- 8	<u> </u>
B. If amending the registered agent and/or regis		on our records, enter	the name o	f the new
registered agent and/or the new registered office add	ress here:			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter F	Florida street address		
···		, Florida	<b>a</b> . c :	
	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

**Address Type of Action** Title **Name** SUNTL BOODIAM 5707 SWEETHEART COURTRADO ☐ Change ☐ Add \_□ Remove ☐ Change □ Add ☐ Remove ☐ Change \_□ Remove ☐ Change □ Add \_□ Remove \_□ Change

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