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COVER LETTER

TO:	Registration So Division of Cor			
SUBJE	BIBAJIMA	LLC		
.,000.	<u> </u>	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Elizabeth C. Barnes Esc	I	
			Name of Person	
		Law Office of Elizabeth	C. Barnes Esq LLC	
			Firm/Company	
		4020 Park Street N, Suit	e 201B	
		Address		
		St Petersburg, FL 33709		
		City/State and Zip Code elizabeth@barneslawfl.com		
		E-mail address: (to be used for future annual report r	iotification)
For furt	her information c	oncerning this matter, please co	all:	
Elizabe	th Barnes		727 317-3369	5
	Name o	f Person		time Telephone Number
Enclose	d is a check for t	he 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)
	MAIL	ING ADDRESS:	STREET/COU	RIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIBAJIMA LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company Florida document number L17000068130	were filed on 3/24/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		<u> </u>
		三 五
Enter new mailing address, if applicable:		ESSEN PER
(Mailing address MAY BE A POST OFFICE BOX)		FLOR
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Par 19 41 a 11	
	Enter Florida street address	
		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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	William Z Gaddy III	9419 NW 15th Ave	
———			 Add
		Branford, FL 32008	
			☐ Remove
			Change
			☐ Remove
			5 0
			Change
			Remove
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			Remove
			Change
	<u> </u>		
			Remove
			Change
			□ Add
			□ Remove
			☐ Change

D. If amending a	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
-	
	
F Effective date	e, if other than the date of filing: (optional)
(If an effective date Note: If the date	te is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the fective date on the Department of State's records.
	The first time to partition of the process of the partition of the partiti
	secifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Pocert	∞ (/
Dated Septen	1 ber 2 1 201 4
	JAM Pall
	Signature of a member or authorized representative of a member
Bar	bara Gaddu AMBR

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00