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2020 APR -2 PM 4: 02 SECRETARY OF STATE

APR - 2 2020 C Kinsey

COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT: PRIST, 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:
ERIC BACHMANN
BACHMANN HOLDINGS, LLC Finn/Company
5694 BAYWATER DR
City/State and Zip Code ERICO PASTINE FLORIDA, ORG E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ERIC BACHMANN at (407) 359 - 2771 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status & Cert
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Companied Liabi	PERTIES / LLC AB The sait now appears on our records.) y as it now appears on our records.) Ability Company)
(Name of the Limited Liability Company of A Florida Limited Liability Company of A Florida Company of A Florida Company of A Florida document number 17000075937)	vere filed on 4/4/2017 SST and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil. The new name must be distinguishable and contain the words "Limited Liability".	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	SAME AS FILED
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	SAME AS FILED
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here: Name of New Registered Agent:	Idress on our records, enter the name of the new registered
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree	e 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
	NIA		□ Add
			□Remove
			□Change
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	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
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