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| (Req | uestor's Name) | |
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| (Add | ress) | |
| (Add | iress) | |
| (City | /State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bus | iness Entity Nan | ne) |
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| Certified Copies | Certificates | of Status |
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EFFECTIVE DATE CO

18 OCT 29 PH IZ: 02
SECRETARY OF STATE

216

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Bazan Real State Investment-Lic.: Name of Limited Liability Company |
| The enclosed Articles of Amendment and fce(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Max Baran Name of Person |
| Firm/Company |
| B200 Ponderosa Way |
| · |
| Folf Mucs FL 33907 City/State and Zip Code mbazanl@ hotmail com E-mail address: (to be used for future annual report notification) |
| E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: |
| Max Bazan Name of Person at (239) 896 - 4579 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee Certificate of Status \$55.00 Filing Fee Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) |

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 | | SE SE | |
|--|----------------------------|-------------------------|---|------|
| Bazan Reul Sta | ite Investme | nt Uc. | 3 OCT | **** |
| (Name of the Limited Liability Comp (A Florida Limited | | | | |
| (A Florida Limited | Liability Company) | | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | , |
| The Articles of Organization for this Limited Liability Company | y were filed on | 05/2017 | End assigned | |
| Florida document number <u>L 17000 122060</u> | | | | • |
| This amendment is submitted to amend the following: | | | > . <i>V</i> | |
| A. If amending name, enter the new name of the limited liab | oility company here: | | | |
| Bazan Real Estate | Investment | UC | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the design: | ation "LLC" or the abbi | reviation "L.L.C." | |
| Enter new principal offices address, if applicable: | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | | _ |
| | | 1 | | |
| | | | | _ |
| Foton | , | | | |
| Enter new mailing address, if applicable: | | | | _ |
| (Mailing address MAY BE A POST OFFICE BOX) | / | | | |
| | | | | _ |
| | | | | _ |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | fice address on our | records, enter th | e name of the | new |
| The second of th | Ē: | | | |
| Name of New Registered Agent: | / | | , | |
| Hattle of New Registered Agent: | | | <u> </u> | |
| New Registered Office Address: | | | | |
| | Enter Florida str | eet address | | _ |
| | 1 | , Florida | | |
| | City | , FIOI IUA | 7ip 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 | | |
|--------------|---------------------------------------|---------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| | · - / | | |
| | ,/ | | □ Remove |
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| | | | Change |

| (If an e Note | ctive date, if other than the date of filing: |
|------------------|---|
| the re | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed. |
| _ | 1 10 [23] 2018 |
| Dates | Shu Muul |
| Date | Signature of a monther or authorized representative of a member |

Page 3 of 3

Filing Fee: \$25.00