LITU 63266

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	-
		2
•		P)

Office Use Only



000301741300

08/11/17--01021--024 **25.00

ドルドリ 200 007 10 P 2: 20

OCT 12 2017

FLORIDA DEPARTMENT OF STATE **Division of Corporations**

August 17, 2017

SALIMA SAWANI 14 NE 1ST AVE #705 MIAMI, FL 33132

SUBJECT: BROAD STREET MANAGEMENT, LLC.

Ref. Number: L17000163266

We have received your document for BROAD STREET MANAGEMENT, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please select type of action, AMHNA NAME is all.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 417A00016912

COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

SUBJECT: BRO		anagement, ited Liability Company	<u>LL(.</u>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	salima	Sawani		
	BROAD ST	Name of Person RECT MANAGE Firm/Company	Ment, LLC	
	14 NE 151	AVENUE #7	05	
	Miami, FL	33132 City/State and Zip Code		
	Mayka (a)	PAPERSTRUCTION TO be used for future annual report notifi	edia. (0m	
For further information co	oncerning this matter, please co	•		
SMIMA Name o	Sawayi Person	at (305) 040 Area Code Daytime	7 Telephone Number 2	7
Effelosed is a check for th	ne following amount:		T In	= ព
\$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		れ フ
Registra	ING ADDRESS: ation Section n of Corporations ox 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building	l.	

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now impears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on OT 31 201 and assigned Florida document number L17000163266

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BAKER STREET MEDIO LLC.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC." or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address. if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida City

City

The 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 limitabliability 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</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Salima Sawani	14 NE 1ST AVENUE) <u> </u>
		SVITE 705	
		Miami, FL 33132	
		1411011111111 - 77172	D Change
			O Add
		<u> </u>	□ Remove
			□ Change
			□ Add
			_□ Remove
			_D Change
			_□ Add
			_□ Remove
			_□ Change
			_□ Add
			Remove
		AHAS	Change
		——————————————————————————————————————	
		Zi Zi Zi CLORIDA	20 Add
			Remove
			☐ Change

	<u>J</u> V.	St 0	Γ	ame	$_$ \bigcirc \bigcirc	ana	l .	
	AMENO	ina	nan	H				
_)				<u> </u>	. .	
•								
-			_	<u> </u>				
-		_	<u> </u>			<u> </u>		
-								
-		-		- -	_	, <u>.</u>		 -
-								
-		<u> </u>					-	
-								
-	<u> </u>				_			
_								<u>.</u>
							_	
					_		_	
-			<u>-</u> -	-		<u> </u>		
-					 _	<u> </u>		
ffecti	ive date, if other t	han the date	of filing: _	NOWS	+ 201	(o	ptional)	
ore:	fective date is listed, the If the date inserted i	in this block d	oes not meet	the applicable	te of filing or mor statutory filing	re than 90 days requirements.	after filing.) Pu this date wil	rsuant to 605 020 I not be listed a
ocum	ent's effective date (on the Departi	nent of State	's records,				
e rec	cord specifies a c	delayed effe	ective date	, but not ar	effective tir	ne, at 12:0)1 a.m. on	the earlier o
The	90th day after t	the record i	s filed.			- · · · · ·		
ated	AUONUCT	TH	\leq	BALL	\sim			
		 -	, <u>,</u>		- 6-	_	ĪÃÏ	53
			ture of a mem	per or authorized	representative o	f a member		
		Signa						
		Signa	_		n 01 A . 0	<i>^ :</i>	i.i.s	ੜ <u>ਜ</u>
		Signa	SMI	MO ed or printed nar	sawai	<u> </u>	• •	EST IN
		Signa	SMI	ima	sawai	<u> </u>	• •	ח פ

Filing Fee: \$25.00