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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Bagilette Aboudaitt Edterprises LCC 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:
Steven Fassberg Name of Person
Baquette Abouaditt, Ecternses, UC
5700 Hamilton Way
BUCZ PATEN F1 33496 City/State and Zip Code M + ASS D'ETG & acl. (CM) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Steven Fassberg at (Sat) 5427494 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status & Certificate of

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

Baquette About Name of the Limited Liability (A Florida	Company as it now appears on the Company as it now appears on the Company)	USES ((
The Articles of Organization for this Limited Liability C Florida document number <u>L 7060 G (a) L</u>	ompany were filed on $\frac{9}{2}$	3/17	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company here:		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the design	ation "LLC" or the abbre-	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)		
			<u>- 175.</u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
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			ق ق
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		r records, <u>enter the</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida s	treet address	
		, Florida	
	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	MICHELE FAISBORG	57WHamilton WALI	D Add
		13002 Ratin, FL 333496	Remove
			Change
AMBR	Brandon Fassberg	4720 center BLU0# 1201	🗆 Add
		Lung Fsland Citi, NY 11	10 Remove
			☐ Change
AMBR	Steven Fossberg	570 Hamilton way	BAOd
		Buca Raten Fl 33490	, P Remove
			Change
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Page 3 of 3

Filing Fee: \$25.00