

L17000223834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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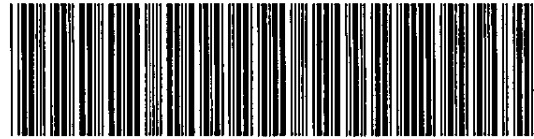
(Business Entity Name)

(Document Number)

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FEB 21 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BACE LLC  
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:

ROBERT A HARRIS  
Name of Person  
BACE LLC  
Firm/Company  
3208 NE 7<sup>th</sup> St Pompano  
Address  
Pompano Beach, FL 33062  
City/State and Zip Code  
baceconstruction@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT A HARRIS at (215) 881-3249  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

**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**

BACE LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on October 30, 2017 and assigned Florida document number L17000223834.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability 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)

3208 NE 7th St

Pompano Beach Fla 33062

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3208 NE 7th St Suite C

Pompano Beach, Fla 33062

**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:

3208 NE 7th St Suite C

Enter Florida street address

Pompano Beach

City

Florida

33062

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

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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>	<u>Type of Action</u>
<u>MGR</u>	<u>NICHOLAS SKAMAKOS</u>	<u>9338 SW 3<sup>rd</sup> St</u>	<input type="checkbox"/> Add
		<u>BOCA RATON, FLA 33428</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>QCO</u>	<u>CHRISTOPHER WALKER</u>	<u>3208 NE 7<sup>th</sup> Street Apt C</u>	<input type="checkbox"/> Add
		<u>Pompano Beach Fla 33062</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date 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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

**Dated**

Robert A. Harris

Signature of a member or authorized representative of a member

ROBERT A HARRIS

Typed or printed name of signee

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**Filing Fee: \$25.00**

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