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2019 JAN 10 PM 5: 05 SECRETARING SEC. FLIE

R. VA-1772 VAN 1 0 003

COVER LETTER

TO: Registration S Division of Co			
	HVADAH LLC		
SUBJECT:	Name of Lin	ited Liability Company	.
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Evan Chait		
		Name of Person	
	Attorney at law		
		Firm/Company	
	2626 Foothill Blvd., Suite	200	
		Address	
	La Crescenta, CA 91214		
		City/State and Zip Code	
		to be used for future annual report noti	
For further information of	concerning this matter, please c	·	,
Evan Chait		800 449-6311	
Name (of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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

FILED

2019 JAN 10 PM 5: 05

B.G.I. NAHVADAH LLC	CEOR	
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our reco a Limited Liability Company) [AL]	MAN (1 UT STATE LAHASSEE, FL
The Articles of Organization for this Limited Liability C		
Florida document number L17000232547	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
1017 CASCADE DRIP LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
·		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
manus mar be it out of the box		
B. If amending the registered agent and/or regis	tound office address on our masses	do anton the array of the corre
n. It amending the registered agent and/or regis registered agent and/or the new registered office add		us, enter the name of the new
Name of New Registered Agent:		
Name of New Kegistered Agent.		
New Registered Office Address:		
	Enter Florida street addr	ess.
<u></u>		Torida
	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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
		<u> </u>	□ Remove
			☐ Change
			□ Add
			□ Remove
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			☐ Remove
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			□ Add
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			Change

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Note: If the date inserted in thi	the date of filing:	otional) fer filing.) Pursuant to 605,0207 (3)(b his date will not be listed as the
ne record specifies a dela The 90th day after the i	yed effective date, but not an effective time, at 12:01 record is filed.	l a.m. on the earlier of:
Dated January 8	2019	
$G \subset$	Signature of a mancher or outher and appropriately of a mancher	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00