L17000250306

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



08/05/20--01016--017 **25.00



COVER LETTER

	Registration Se Division of Cor			
SUBJECT		s & Associates, LLC		
SUBJECT	·	Name of Lin	nited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	bmitted for filing.	
Please retu	um all correspo	ondence concerning this matter	r to the following:	
		Maria Bates		
		-	Name of Person	
			Firm/Company	~ ~
		5382 Wauchula Rd		ì
			Address	
		Myakka City, FL 34251		ان د . ز
			City/State and Zip Code	3
		maria@mariatbates.com		
For further	r information c	E-mail address: (oncerning this matter, please c	(to be used for future annual report notification)	
Maria Bat		mater, preuse c	727 641-9686	
	Name o	f Person	at ()	
Enclosed i	is a check for th	ne following amount:		
■ \$2 5.00	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	e of Status &
	iailing Addres		Street Address:	
	Registration S		Registration Section	
	Division of C P.O. Box 632		Division of Corporations The Centre of Tallahassee	
	.O. box 052 `allahassee. ł		2415 N. Monroe Street, Suite 81	n

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Maria Bates & Associates, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our record Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability C	Samuel 12/07/2017	
_	company were filed on	and assigned
Torida document number L17000250306	<u></u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
Bates Family Five LLC		- * *,
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	PFCC)	
Transpar office data ess most be A STREET ADDR		**************************************
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BOX)		
		<u></u>
3. If amending the registered agent and/or registered	d office address on our records, enter	the name of the new regis
gent and/or the new registered office address here:	<u> </u>	The state of the s
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	383
	, F	lorida
	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>	Address	Type of Action
			🗀 Add
			Remove
			□Change
			□Add
		<u> </u>	□Remove
			□Change
		· - · · · · · · · · · · · · · · · · · ·	🗀 Add
		<u> </u>	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
	<u> </u>		□Add
			□Remove
			□ Chanue

		ncets, if necess	•
(//			
	•		
	- · · · · · · · · · · · · · · · · · · ·		
	· ···		
		·	· ·
			.
		·-	<u> </u>
		· • ==	
	100 _11		
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior ote: If the date inserted in this block does not meet the applic ocument's effective date on the Department of State's records.	able statutory filing requi	(optional) 190 days after filit rements, this da	ng.) Pursuant to 605.020
record specifies a delayed effective date, but not an effective ti is filed.	me, at 12:01 a.m. on the	earlier of: (b)	The 90th day after the
ated August 3 , 2020	_ ·		
ated August 3 , 2020 , Signature of a member or author	prized representative of a me	ember	