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SECRETARY OF STATE
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COVER LETTER

	istration Sect ision of Corpo					
SUBJECT:	BAGRATIO	N HOLDINGS, LLC				
SUBJECT:		Name of Limi	ted Liability Cor	pany		
The enclosed	Articles of A	mendment and fee(s) are subr	mitted for filing	;.		
Please return	all correspond	lence concerning this matter t	to the following	3		
		DAN P. HELLER				
			Name of I	erson		
		HELLER ESPENKOTTER	R, PLLC			
			Firm/Con	ірапу		
		2701 PONCE DE LEON B	OULEVARD,	SUITE 301		
			Addre	ss		
		CORAL GABLES, FLORI	DA 33134			
			City/State and	Zip Code		
		Dan@hellerlawgroup.com		_		
		E-mail address: (t		are annual report	notification)	
For further in	iformation cor	cerning this matter, please ca	ill:			
$\frac{1}{2}$	20 P	Heller	305 at (777-376	5	
_	Name of I	Person	Area	Code Day	ytime Telephone Number	
Enclosed is a	check for the	following amount:				
■ \$25.00 F		S30.00 Filing Fee & Certificate of Status	□ \$55.00 Fi Certified (additional		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		G ADDRESS:			URIER ADDRESS:	
		ion Section of Corporations		Registration Se Division of Co		
	P.O. Box	6327		Clifton Buildin	g	
	Tallahass	see, FL 32314		2661 Executive		

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

BAGRATION HOLDINGS, 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 January 16, 2018 and assigned Florida document number L18000014059 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 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 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

Page 1 of 3

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 **Title** Name Address **Type of Action** XERXES HOLDINGS, LLC 1521 AUTON ROAD MGR **■** Add 900 □ Remove MIAMI BEACH, FL 33139 _□ Change MGR TONY TALEBI 520 WEST AVENUE _□ Add APT 1901 **■** Remove MIAMI BEACH, FL 33139 _□ Change _□ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add _□ Remove □ Change □ Add ☐ Remove □ Change

If amending any o	ther information	ı, enter chan	ge(s) here:	(Attach ada	litional sheet	s, if necessi	rry.)	
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Effective date, if of the an effective date is list. Note: If the date inside document's effective.	sted, the date must be serted in this block	specific and can does not meet	the applicable				ng.) Pursuant to t	
ne record specifi The 90th day a			e, but not a	n effectiv	e time, at	12:01 a.m	ı. on the ea	rlier o
Dotad FEBRUARY	5,	2	2018					
Dated		1	2					
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DAVE	Sigr HELLER, ESQ.	nature of a men	ber or authoriz	ed represental	ive of a memb	er		

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Filing Fee: \$25.00