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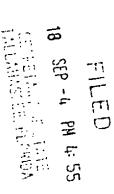
(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	





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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: H	suse Bachara		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Valcourt	Name of Person	
		Firm/Company	
	13143 Da	Mas words lav	1E
	orlando,	Florida, 328 City/State and Zip Code	24
	UCUCOCAC + OC E-mail address: (i	to be used for future arrival report notifi	CoM (cation)
For further information c	oncerning this matter, please ca	all:	
JHGJHGJKHGKKK- Name o	Valcour Back	\times at $(\frac{300}{\text{Area Code}})$ $\frac{695}{\text{Daytime}}$	- 9501 Telephone Number
			•
Enclosed is a check for the	-		
\$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

House Bachard	and as it now opposes on one wouldn't
(A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	y were filed on $\frac{06/26/2018}{}$ and assigned
Florida document number <u>L18000156299</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	P O
(Mailing address MAY BE A POST OFFICE BOX)	्रेट ४
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	office address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	1
	, 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>	Address	Type of Action
MGR	Valcourt, Bachard	13143 Dallas woods Jan	NE_■Add
		Orlando, FL 32824	□ Remove
			Change
			Remove
			Change
			Remove S
			Charge Charge Remove
			Remove
			Change
			
			Remove
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n effective dat <u>ete:</u> If the da	e, if other than the date te is listed, the date must be spate inserted in this block defective date on the Department	pecific and cannot be prior loes not meet the applica	to date of filing or more than able statutory filing requi	(optional) n 90 days after filing.) Pursuant to 605.020 rements, this date will not be listed a
record sp he 90th c	ecifies a delayed effo day after the record i	ective date, but no is filed.	t an effective time,	at 12:01 a.m. on the earlier c
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Page 3 of 3

Filing Fee: \$25.00