## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H180003471193)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NAJMY THOMPSON, P.L.

Account Number : I20090000014 Phone : (941)907-3999 Fax Number : (941)840-5559

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BALI HAI JV LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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## **COVER LETTER**

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TO:	Registration Se Division of Cor			
	BALI HAI	JA FFG		
SUBJE				
		Amendment and fee(s) are sub-		
Please r	eturn all correspo	endence concerning this matter	to the following:	
		SEAN KELLY		
		NAJMY THOMPSON, P.I		
			Firm/Company	
	Address			
BRADENTON, FL 34205				
		SSEE TO		
	(itication)			
For furt	her information of	concerning this matter, please ca	all:	
SEAN	KELLY		94] . 7	748-2216
	Name o	of Person	Area Code Daytir	me Telephone Number
Enclose	ed is a check for t	he following amount:		
\$25	5.00 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 From: 12/06/2018 11:55

#403 P.003/005

## ARTICLES OF AMENDMENT H 18000347119 3 TO ARTICLES OF ORGANIZATION OF

BAL	I HALJV LLC		
(Name of the Limited Liability C (A Florida Lia	ompany as it now appear nited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Com Florida document numberL18000254886	pany were filed on	10/30/2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited</u>	l liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited	Liability Company," the de	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u> </u>		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or register registered agent and/or the new registered office addres	ed office address on	nce address on our records, enter the name of the	
registered agent and/or the new registered office address	<u> </u>		ONE S
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	ıda sırcet address	
		. Florida	
**************************************	Cin	, 1 107104	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:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SHAWN KALETA	1401 8TH AVENUE WEST	
MGK			Add
		BRADENTON, FL 34205	
			□ Remove
			□ Change
			<b>—</b>
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			☐ Remove
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			C Kemove
			_
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			□ Remove
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			Add
<del></del>			
			□ Remove
			☐ Change

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Filing Fee: \$25.00

Signature of a member or authorized representative of a member

Sean Kelly
Typed or printed name of signee