## Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GLOBAL ACCOUNTING AND TAX PROFESSIONAL CORP

Account Number : I20140000098 Phone : (786)372-1391 Fax Number : (786)762-2589

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

Email Address:

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BAHAM GROUP LLC

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A. LUNT

BAHAM GROUP LLC.

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

H210002613683

(Name of the Limited Liabilit (A Florida	ty Company as it now appears o Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on	7/2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company here	;	
N / A			ت
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the desi	gnation "LLC" or the a	ibbreviation "L.K.C."
Enter new principal offices address, if applicable:		N / A	Signal Comments
Principal office address MUST BE A STREET ADDR	(ESS)	-	TARY OF CO
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		N / A	PH 2: 10
3. If amending the registered agent and/or registered	d office address on our reco	ords, <u>enter the na</u> r	ne of the new regis
Name of New Registered Agent:	N / A		
Name of New Registered Agent.			
New Registered Office Address:	N / A Enter Florida	street address	
	2/80/ 1/0/40		
	City	, Florida _	Zip Code

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 # 21000 2613683

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CHOURIO, DIRIMO A	4732 NW 98TH PL	🗀 Add
		DORAL , FL 33178	\BRemove
			Change
MGR	ROMERO, FRANCISCO	7500 NW 25TH STREET	<b>=</b> Add
		SUITE #246	□Remove
		MIAMI FL 33122	□ Change
MGR	GONZALEZ-JIMENEZ, JIMMY	343 WHITE HERON DR	
		SANTA ROSA BEACH FL 32459	SEURE SEURE
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fective date, if other than a fective date is listed, the date:  If the date inserted in the cument's effective date on	ite must be specific a his block does not	and cannot be prio t meet the appli	cable statutory f	r more than 90 days a	ptional)  ther filing.) Pursuant to this date will not be	605.0
record specifies a delayed ef is filed.	Fective date, but n	iot an effective	time, at 12:01 a.	m. on the earlier of	(b) The 90th day a	fter the
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ated <u>July</u>	Signature of	a member or auti	iprized representa	tive of a member		•