Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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: (850)617-6383

From:

Account Name

: CORPORATE CREATIONS INTERNATIONA

Account Number : 110432003053 Phone

: (561)694-8107

Fax Number

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EXAMINEF

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.)			
	(A Florida Limited Liability Comp	any)			
The Articles of Organization for this Limited I	Liability Company were filed o	n 12/14/2018	and ass	signed	
Florida document number L18000286120					
s amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: new name must be distanguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" ter new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS) ter new mailing address, if applicable: ailing address MAY BE A POST OFFICE BOX)					
A. If amending name, enter the new name of	of the limited liability compar	ay here:			
The new name must be disturguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the ab	breviation "L	.L.C."	_
Enter new principal offices address, if appli	cable:				
(Principal office address MUST BE A STRE	ET ADDRESS)				
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Enter new mading address, if applicable:		 	35° 2'		_ ;-
(Mailing address MAY BE A POST OFFICE	<u></u>		200	<u> (၃)</u>	_ ;
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B. If amending the registered agent and	l/or registered office address	s on our records, <u>enter</u>	the name	of the	new
registered agent and/or the new registered (office address here:		بر وي	55	
Name of New Registered Agent:	Bade Holding Corp				_
New Registered Office Address:	2100 Bow Lane				
	Ente	r Florida stroet address			
	Safety Harbon	, Florida (34)	595		
	C)ŋ·		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.

Carlos M Alvarez, Attorney-in-Fact
If Chapging Registered Agent, Signature of New Registered Agent

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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>	Name	Address	Type of Action
PSTV	William B Bade	2100 Bow Lane	-
		0.4	
		Safety Harbor, FL 34695	■ Remove
			□ Change
PSTV	William S Bade	2100 Bow Lane	= Add
		Safety Harbor, FL 34695	□ Remove
			□ Change
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n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fine. If the date inserted in this block does not meet the applicable statutory filing requirements, this continues the statutory filing requirements.	iling.) Pursuant to	605€€207 (3) Issted as the
cument's effective date on the Department of State's records.	25	, co
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record specifies a delayed effective date, but not an effective time, at 12:01 a. The 90th day after the record is flied.	m, on the ea	rller of:
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\$ signature of a member or authorized representative of a member	-	

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