## L19000121070

(Requ	estor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phone	÷#)
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations		
Bama 140.	. LLC		
SUBJECT:	Name of Lir	mited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	·
Please return all correspondent	ondence concerning this matter	r to the following:	
	Steven B. Roberts	٠	
		Name of Person	
	Bama 140, LLC		
		Firm/Company	
	2776 Buckhorn Oaks Dr		
	-	Address	
	Valrico, FL 33594		
		City/State and Zip Code	
	STEVENBOYDROBERTS		
	E-mail address; (	(to be used for future annual report not	ification)
For further information c	concerning this matter, please of	all:	
Steven Roberts		813 245-0150 at ()	
Name o	of Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for the	he fallowing amount:		
	_	<del>-</del> 1 h =	
■ \$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 Addres		Street Address:	
Registration Section		Registration Section	
Division of C P.O. Box 632		Division of Cor	
P.O. Box 632		The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 E - 9 Mill: 22

( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number 1.19000121070		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter the	name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	<b>:</b> 1
	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.

15 Changing Davistaged Agent Standards of Vac Desistaged 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

Title	<u>Name</u>	Address 2008: -3 40:11:22	Type of Action
VP	Bradley P Roberts	3408 Moot Rd Dover, FL 33527	_ <b>■</b> Add
			_ □Remove
			_ 🗆 Change
MGR	Jeff Mlinar	2337 Camp Idianhead Rd Land O Lakes, FL 34639	_ <b>≣</b> Add
			_ □Remove
			_ Change
			_ □Add
			_ □Remove
			_ Change
			_ □Add
			_ ClRemove
			_ □Change
			_ 🗆 Add
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			_ □Remove
			Change

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ective date, if other than the date of filing	c: (optional)
te: If the date inserted in this block does not n	cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 neet the applicable statutory filing requirements, this date will not be listed as
ument's effective date on the Department of S	tate's records.
cord specifies a delayed effective date, but not stilled.	an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	222
ed September 2.	2020
( -1	000
E Dev	e V. John V
	nember or authorized representative of a member
2	ITEVEN B. ROBERTS
	Typed or printed name of signee

Filing Fee: \$25.00