

L19000168811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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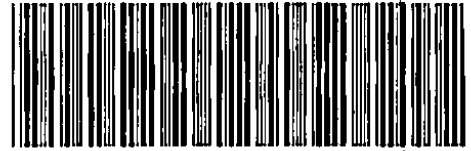
(Business Entity Name)

(Document Number)

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SECTION 17
MILWAUKEE, WI

OCT 11 2019

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: BATHKAV LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jacky Koenig

Name of Person

BATHKAV LLC

Firm/Company

9801 COLLINS AVE APT 9S

Address

BAL HARBOUR FL 33154

City/State and Zip Code

JACKYKOENIG@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JACKY KOENIG

786

3972163

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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

TO
ARTICLES OF ORGANIZATION
OF

Bathkau LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 6-27-19 and as
Florida document number L19000168811.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, 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:

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
MGR	JACKY KOENIG	9801 COLLINS AVE APT 9S	<input checked="" type="checkbox"/> Ac
		BAL HARBOUR FL 33154	<input type="checkbox"/> Re
			<input type="checkbox"/> Ch
MGR	KAVANA101 LLC	250 95TH ST UNIT 7292	<input type="checkbox"/> Ad
		SURFSIDE, FL 33154	<input checked="" type="checkbox"/> Re.
			<input type="checkbox"/> Ch.
MGR	TOV101 LLC	16400 W DIXIE HWY STE 1574	<input type="checkbox"/> Ad.
		MIAMI, FL 33160	<input checked="" type="checkbox"/> Ren
			<input type="checkbox"/> Char
			<input type="checkbox"/> Add
			<input type="checkbox"/> Rem
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.

Dated SEPTEMBER 20TH, 2019

Authorized representative

Typed or printed name of signee