

11/13/2020

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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(((H20000393166 3)))



H200003931663ABC/

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

Phone : (323)962-8600

Fax Number : (323)962-3889

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

Email Address: \_\_\_\_\_

2020 NOV 13 AM 9:44  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

BAHR ONE PROPERTIES LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 06      |
| Estimated Charge      | \$55.00 |

Electronic Filing Menu

Corporate Filing Menu

NOV 13 2020

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BAHR ONE PROPERTIES 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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N Brand Blvd 11th Fl

Address

Glendale, CA 91203

City/State and Zip Code

bwbahr@bahroneproperties.com

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

For further information concerning this matter, please call:

Cheyenne Moseley

800

773-0888

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

BAHR ONE PROPERTIES 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 08/14/2019 and assigned  
Florida document number L19000206963

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.L.C."

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 of the new  
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

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> | <u>Name</u> | <u>Address</u>          | <u>Type of Action</u>                   |
|--------------|-------------|-------------------------|---|
| AMBR         | Jo H Deck   | 3003 Magdalene Woods Dr | <input checked="" type="checkbox"/> Add |
|              |             | Tampa, FL 33618         | <input type="checkbox"/> Remove         |
|              |             |                         | <input type="checkbox"/> Change         |
|              |             |                         | <input type="checkbox"/> Add            |
|              |             |                         | <input type="checkbox"/> Remove         |
|              |             |                         | <input type="checkbox"/> Change         |
|              |             |                         | <input type="checkbox"/> Add            |
|              |             |                         | <input type="checkbox"/> Remove         |
|              |             |                         | <input type="checkbox"/> Change         |
|              |             |                         | <input type="checkbox"/> Add            |
|              |             |                         | <input type="checkbox"/> Remove         |
|              |             |                         | <input type="checkbox"/> Change         |
|              |             |                         | <input type="checkbox"/> Add            |
|              |             |                         | <input type="checkbox"/> Remove         |
|              |             |                         | <input type="checkbox"/> Change         |
|              |             |                         | <input type="checkbox"/> Add            |
|              |             |                         | <input type="checkbox"/> Remove         |
|              |             |                         | <input type="checkbox"/> Change         |

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 10/28/2020

Bary Bahn

Signature of a member or authorized representative of a member

Barry Bahr

Typed or printed name of signee