L19000 225 C180

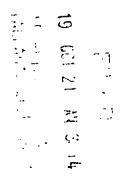
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BAKAN HOMES 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:
REGLA M. LINCHETA Name of Person
BAKAN HOMES LLC Firm/Company
11767 S DIXIE HEWY #181
PINECREST F2 33156 City/State and Zip Code Sergio @ Sergio Rebollo. Com E-mail addressed be used for future armual report notification)
E-mail addresss do be used for future armual report notification)
For further information concerning this matter, please call:
Sergio Rebollo Jr at (305) 582-4062 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$\$ 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

BAKAN Hon	MES LLC	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia		
The Articles of Organization for this Limited Liability Company w Florida document numberL 9 000 22 5980	rere filed on 9/6/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability		
The new name must be distinguishable and contain the words "Limited Liability		
Enter new principal offices address, if applicable:	N/A	·
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	ce address on our records, <u>enter</u>	the name of the new
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 provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro	erformance of my duties, and I am fo	umiliar with and

16 Changing Registered Agent, Signature of New Registered Agent

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 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>	Address	Type of Action
MGR	Sergio Rebollo Jr	11767 S Dixie Hgwy #18 Pinecrest, Fr 33156	□ Add
		Pincorest, Fr 33156	Remove
			Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
			🗆 Add
			□ Remove
			Change
			🗆 Add
			Remove
			Change

). If amen	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
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	·
(If an effective Note: I	tive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated _	
	Signature of a member or authorized representative of a member
	Regla M. Lincheta Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00