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AUG 21 2020

COVER LETTER

TO: Registration Section **Division of Corporations** BAUGER & TOURIN LLC SUBJECT: 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: Shannon Stahlin Name of Person Direct Inc. Firm/Company 315 W Huron Ste 240 Address Ann Arbor, MI 48103 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 877 281-6496 Shannon Stahlin Daytime Telephone Number Name of Person Enclosed is a check for the following amount: III \$25.00 Filling Fee. **■** \$30,00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020,111 -2 101 1:24

BAUGER & TOURIN 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 Florida document number	were filed on	/2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the design	nation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		 -	
		<u></u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our recol	rds, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida :		
	Enler Florida S	street address	
	City	, Florida <u></u>	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	C.II,		zyr Couc
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my provided for in Chap	duties, and Lam fa pier 605, F.S. Or, i	miliar with and t this document is

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

Title	Name	Address	Type of Action
AMBR	SABATINI, JOE	601 S HARBOUR ISLAND BLVD SUITE 109	🗆 Add
		TAMPA, F1, 33602	
			Remove
	<u></u>		□Add
			□Remove
			□Change
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Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this bedocument's effective date on the I	si be specific lock does n	and cannot to the control of the con	he applicat	date of filin de statutor	g or more the e filing requ	ın 90 days aft	t ional) er filing.) Purs ils date will (uant to 605 0207 101 be listed as
ne record specifies a delaye The 90th day after the re	d effectiv	ve date, ed.	but not	an effect	ive time,	at 12:01	a.m. on t	he earlier ol
June 30		20)20					
Dated		_;_		ر َ				
		5	-	-				
	Signature	if a membe	er or author	ized represer	atative of a n	iember		

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