L20 0000 87106

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COVER LETTER

TO:

TO: Registration S Division of Co				
	Renovations LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Sean Maher			
		Name of Person		
	BAD ASS Renovations LI	.C		9020
		Firm/Company		2020 UN 12
	6160 SW Highway 200 #1	10	,	
		Address		PH II
	Ocala, Florida 34476			PH 4: 01
		City/State and Zip Code	35	_
	seanmaherocala@yahoo.co. E-mail address: (m to be used for future annual report noti	fication)	
For further information	concerning this matter, please c			
Sean Maher		352 508-3066		
		Area Code Daytim	e 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 Sta Certified Copy (additional copy is e	atus &
Mailing Addre Registration Division of G P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration See Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAD ASS Renovations LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our rec a Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Corida document number L20000087106	Company were filed on $\frac{3/21/2020}{}$	and assigned
his amendment is submitted to amend the following:	 ,	
If amending name, enter the new name of the lim	ited liability company here:	
BADASS Renovations LLC		
he new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "I	LC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		المراجع المراج
Principal office address MUST BE A STREET ADDI	RESS)	
	-	照· 2
		1 TE
nter new mailing address, if applicable:		
•		- 5
Mailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered gent and/or the new registered office address here:	d office address on our records, <u>en</u>	ter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	drucs
	EHRET E WEIMU MEET WA	et tur
		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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
		<u> </u>	Remove
			Remove ☐Remove ☐Change
		ARIBA A	P □Add Remove
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more		
te: If the date inserted in this block does not meet the applicable statutory filing rument's effective date on the Department of State's records.	requirements, this date will not be I	isted a
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on s filed.	n the earlier of: (b) The 90th day a	fter the
s med.		
ed June 5th 2020		
ed June 5 th 2020		
June 5 th 2020. Signature of a member or authorized representative of	f a member	