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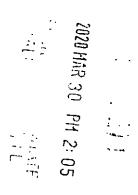
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Special Instructions to	Filing Officer:	

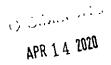
Office Use Only



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COVER LETTER

Registration Section Division of Corporations

TO:

Bailey Reti SUBJECT:	rement Holding, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Elias M. Mahshie		
		Name of Person	
	Mahshie & DeCosta, P.A.		
		Firm/Company	
	407 E. Marion Ave., Suite	101	
		Address	
	Punta Gorda, FL 33950		
		City/State and Zip Code	
	elias@ind-lawfirm.com		
	E-mail address: (to be used for future annual report not	ification)
For further information e	oncerning this matter, please c	all:	
Elias M. Mahshie		941 639-7627	
Name o	T Person	Area Code Daytiir	ne Telephone Number
Enclosed is a check for the	he 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)
<u>Mailing Addres</u> Registration		Street Address:	ation
Division of C		Registration Se Division of Co	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee.	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bailey Retirement Holding, LLC			
(Name of the Limi	ted Liability Company as it n (A Florida Limited Liability C	ow appears on our records.) Ompany)	
The Articles of Organization for this Limited I		ed on 3/23/2020	and assigned
Florida document number 1.20000087802	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of the new name must be distinguishable and contain the	of the limited liability con	npany here:	2020 H/
The new name must be distinguishable and contain the	words "Limited Liability Compa	any," the designation "LLC" or the	abbreviation "猛.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE)	ET ADDRESS)		FH 2: 0
			:
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and/or agent and/or the new registered office addre		on our records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:			
New Registered Office Address:	25117 Aysen Drive		
		Emer Florida street address	
	Punta Gorda	, Fiorida ^F	L
	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			🗀 Remove
			Change
			Add
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	3/17/2020	•.	
Hect	ve date, if other than the date of filing:	onal) r filing \ Pursuant to	s 605 020
iote:	If the date inserted in this block does not meet the applicable statutory filing requirements, thi	s date will not be	: listed a:
	ent's effective date on the Department of State's records.		
recor	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b	n) The 90th day	after the
J is fi		.,	
	/ /		
	3/26/2020		
ated) 120/2020		

Filing Fee: \$25.00

Typed or printed name of signee