L2000152562

-	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
ertified Copies	Certificates of Status
Special Instructions to	Filing Officer.
	

Office Use Only



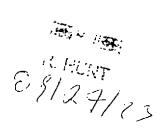
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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3ACCHUS PR	OPERTIES I, LLC		- 			
Please Debit FC	A000000003 For: 25		_			
Thank you Seth	Neeley					
1-4-	/		1			
				Art of Inc. File	2023	
				LTD Partnership File	- SEP	SE 4
				Foreign Corp. File	թ 2	5/5-
				L.C. File	7	. (*** 7. *** =
				Fictitious Name File		
				Trade/Service Mark		
				Merger File	0	•*
				Art, of Amend, File	-	
				RA Resignation		
				Dissolution / Withdrawal		
				Annual Report / Reinstatement		
				Cen. Copy		
			<u> </u>	Photo Copy		
				Certificate of Good Standing		
				Certificate of Status	_	
				Certificate of Fictitious Name		
				Corp Record Search	- -	
,				Officer Search		
1				Fictitious Search		
Signature	<i></i>			Fictitious Owner Search		
Jighattire //				Vehicle Search		
			 	Driving Record		
Requested by:				UCC or 3 File		
		T		UCC 11 Search		
Name	Date	Time		UCC 11 Retrieval		
Walk-In	Will Pick Up			Courier		

COVER LETTER

TO:

Registration Section Division of Corporations

	PROPERTIES I, 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:	
	JENNIFER D. PESHKE, I	ESQ.	
		Name of Person	
	LAW OFFICES OF JENN	TIFER D. PESHKE, P.A.	;
		Firm/Company	
	956 20TH STREET		
		Address	
	VERO BEACH, FL 32960	•	
		City/State and Zip Code	
	JDP@PESHKELAW.COM		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
JENNIFER D. PESHKE	, ESQ.	at () 231-1233 Area Code Daytim	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S	Section	Street Address: Registration Sec	
Division of C P.O. Box 632		Division of Cor The Centre of T	•
Tallahassee, I			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BACCHUS PROPERTIES I. 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 $\frac{06/09/2020}{1}$ and assigned Florida document number L20000152562 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 "L.L.C." 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: JENNIFER D. PESHKE, ESQ. Name of New Registered Agent: 956 20TH STREET New Registered Office Address:

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.

City

VERO BEACH

/s/Jennifer D. Peshke
If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_, Florida <u>32960</u> Zip Code 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	The Andrew Thomas Johnson Revocable Trust	5680 HIGHWAY ATA	□Add
		APT 210	□Remove
		VERO BEACH, FL 32963	⊠Change
			□Add
			☐Remove
			Change Change Add PH
			
			
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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	specific and cannot be prior to date of filing to does not meet the applicable statutory	(optional) g or more than 90 days after filing.) Pursuant to 605.0207 (r filing requirements, this date will not be listed as t
	ate, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after the
e record specifies a delayed effective did is filed.		
Dated SEPTEMBER 27		

Filing Fee: \$25.00

