

L20 000238301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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CLERK OF STATE
TALLAHASSEE, FL

JQ 10/30/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BACRID 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:

ARSENE PAULTRE, JR.

Name of Person

BACRID LLC

Firm/Company

5090 E PORTOFINO LANDINGS BLVD

unit 201

Address

FORT PIERCE, FL, 34947

City/State and Zip Code

bacrid20@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARSENE PAULTRE, JR.

Name of Person

at (772)

Area Code

672-1245

Daytime 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 Status &
Certified Copy
(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**

(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 _____ and assigned
Florida document number _____.

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 "LLC" 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)

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TALLAHASSEE, FL

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:

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 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

Amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ARSENE PAULTRE, JR	5090 E PORTOFINO LANDINGS BLVD Unit 201	<input type="checkbox"/> Add
		FORT PIERCE	<input type="checkbox"/> Remove
		FLORIDA 34947	<input checked="" type="checkbox"/> Change
AMBR	YVONNE PAULTRE	5090 E PORTOFINO LANDINGS BLVD Unit 201	<input type="checkbox"/> Add
		FORT PIERCE	<input type="checkbox"/> Remove
		FLORIDA 34947	<input checked="" type="checkbox"/> Change
AP	JEREMY G RUSS	8084 STATION RD	<input type="checkbox"/> Add
		MANASSAS, VA	<input checked="" type="checkbox"/> Remove
		20111 UN	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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 JEFFERSON COUNTY
 CLERK OF COURT
 JEFFERSON COUNTY
 CLERK OF COURT

2020 SEP 24 PM
OFFICE OF
WILLIAMSBURG

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ED
OFFICE OF THE
TALLAHASSEE, FL

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 09.12.2020

✓ James P. A.

ARSENE PAULTRE, JR

Typed or printed name of signee