## L20000263936

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2022 MAY 16 AM 11: 48

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A. RAMSEY MAY 17 2022

COUNT: 120210000160 <u>AMOUNT: 25 .00</u> L20000263936
Document #
Pick up time
Will wait
<u>AMMENDMENTS</u>
_X Amendment
Resignation of R.A., Officer/Directo
Change of Registered Agent Dissolution/Withdrawal
Merger
Conversion
REGISTERATION/QUALIFICATIONS
Foreign filing
Limited Partnership Reinstatement
OMESTICATION OF FOREIGN CORPORATION

## COVER LETTER

	istration Se ision of Cor			
OUD IFOT.		HOLDINGS LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		JASON GUILD		
			Name of Person	
		GUILD LAW FIRM PL		
			Firm/Company	
		13814 SIGLER STREET		
		<del></del>	Address	
		RIVERVIEW FL 33579		
			City/State and Zip Code	
		GUILDLAWFIRM@GMA		
			to be used for future annual report notification)	
For further in	nformation c	oncerning this matter, please co	all:	
JASON GU	ILD		202 643-6876 at ( )	
	Name o	f Person	Area Code Daytime Telephone Number	
Enclosed is a	a check for th	ne following amount:		
<b>≡</b> \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &
	illing Addres		Street Address: Registration Section	
	gistration S vision of C	Section Corporations	Division of Corporations	
P.0	O. Box 632	27	The Centre of Tallahassee	
Ta	Hahassee, l	FL 32314	2415 N. Monroe Street, Suite 8	10

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

BASTION HOLDINGS LEC

2022 MAY 16 AM 11: 48

( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.)					
The Articles of Organization for this Limited Liability Company Florida document number						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility company here:					
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable:	36A SCHNEIDER GARDENS.					
(Principal office address MUST BE A STREET ADDRESS)	DRESS) PETIT VALLEY, TRINIDAD & TOBAGO					
	WEST INDIES					
Enter new mailing address, if applicable:	118 CASTALDO LANE					
(Mailing address MAY BE A POST OFFICE BOX)	HENRYVILLE PA 18332-7805					
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registe					
Name of New Registered Agent:						
New Registered Office Address:	Enter Florida street address					
	, FloridaZip 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, 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	STACEY CHAMBERS	118 CASTALDO LANE	<b>≣</b> Add
		HENRYVILLE PA 18332-7805	□Remove
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			Remove
			□Change
			□Add
		<del></del>	□Remove
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n effecti	ve date is li	ited, the da	te must be s	pecitic and	d cannot b	e prior to d	ate of filing	g or more tl	ian 90 days	after filir	ig.) Pursuani te will not	t to 605.020 be listed as
			the Depart				(Marator)	ming rec		.,		
		lelayed ef	fective dat	e, but no	t an effec	tive time,	at 12:01	a.m. on th	e earlier o	of: (b)	The 90th di	ay after the
is filed.									_			
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			Sign	ature of a	member o	r authorize	d represer	italive of a	member			