L20 000 263 936

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

Office Use Only



400418861574

2023 110 Y 30 FT 2: 04

A STANDARD S

KECEIVED



FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624

PLEASE USE FUNDS FROM THIS AC	CCOUNT: 120210000160: \$30.00		
AUTHORIZATION SIGNATURE:	20262026		
9	L20000263936		
BUSINESS (Name)	Document #		
Walk in	Pick up time		
Mail out	Will wait		
Photocopy			
Certified Copy of the filing			
X Certificate of Status			
NEW FILINGS	<u>AMENDMENTS</u>		
Profit Not for Profit Limited Liability Domestication Other CORP PLLC	AmendmentResignationChange of Registered AgentDissolution/WithdrawalMergerConversion		
OTHER FILINGS	REGISTERATION/QUALIFICATIONS		
Annual Report	Foreign filing		
Fictitious Name	Limited Partnership Reinstatement Statement of Authority		
APOSTIL (Other		
Country			
	EXAMINER'S INITIALS:		

(850) 524-5437 (850) 524-624 PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$30.00 AUTHORIZATION SIGNATURE: Bastion Holdings LLC L20000263936 **BUSINESS** (Name) Document # Pick up time Walk in Mail out Will wait Photocopy Certified Copy of the filing X Certificate of Status **AMENDMENTS NEW FILINGS** Profit X Amendment ___Resignation Not for Profit __Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Other _Merger **CORP** Conversion PLLC **OTHER FILINGS** REGISTERATION/QUALIFICATIONS ____ Foreign filing Annual Report Limited Partnership Reinstatement Fictitious Name .Statement of Authority _APOSTIL (_ Other Country

EXAMINER'S INITIALS:_____

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

COVER LETTER

.

	gistration Se vision of Cor			
CUD IFOT.		HOLDINGS LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		JASON GUILD		
			Name of Person	
		GUILD LAW FIRM PL		
			Finn/Company	
		13814 SIGLER STREET		
		·	Address	
		RIVERVIEW FL 33579		
			City/State and Zip Code	
		PARAGONTRANSACTIC	-	
For further i	nformation c	E-mail address: (oncerning this matter, please c	to be used for future annual report no all:	titication)
JASON GU	JILD		202 643-6876	
•	Name o	f Person	Area Code Daytii	ne 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)
	niling Addres gistration S		Street Address: Registration S	ection
Di	vision of C	orporations	Division of Co	-
	O. Box 632 Ilahassee, I		The Centre of 2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BASTION HOLDINGS LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jiability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.20000263936	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
CELESTE MOHAMMED WRITES LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	35 SANTA LUCIA VILLAS, SEMPER GARDENS	
	DIEGO MARTIN TRINIDAD & TOBA	\GO
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
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 nam	ie obthe new registe
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		<u> </u>
	Enter Florida street address Florida	2: 04

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

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	CELESTE MOHAMMED	35 SANTA LUCIA VILLAS, SEMPER GARDENS	; □Add
		DIEGO MARTIN TRINIDAD & TOBAGO	□Remove
			\begin{align*} \b
			□Add
			□Remove
		□Change	
		□Add	
		□Remove	
		□Add	
			□Remove
		□Change	
		🗆 Remove	
		□Change	
		□Add	
			□Remove
			Chunus.

11 ameno	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
Note: If	e date, if other than the date of filing:
he record : ord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the l.
Dated _	28/11/2023 Cofficient
	Signature of a member or authorized representative of a member.
	CELESTE MOHAMMED / Typed or printed name of signee

Filing Fee: \$25.00