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COVER LETTER

	egistration Sc ivision of Cor			
and hear		igton Properties, LLC	•	
SUBJECT	·	Name of Lim	ited Liability Company	
The enclose	ed Articles of .	Amendment and fee(s) are sub	omitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		Maritza Wellington		
			Name of Person	
		Bain Wellington Propertie	s, LLC	
		 -	Firm/Company	
		1317 NW 126th Avenue		
			Address	
		Sunrise F1. 33323		
		maritza@pmikeypartner.co	City/State and Zip Code	
			to be used for future annual report noti	lication)
For further	information co	oncerning this matter, please c	all:	
Maritza W	ellington		954 477-7734	
	Name of	Person	at () 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)
	ailing Addres		Street Address: Registration Sec	ction

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

Bain Wellington Properties LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Florida document number $\frac{1.20000344240}{}$ 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) 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 City

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	Maritza Wellington	1317 NW 126th Avenue	
		Sunrise FL 33323	■Remove
			□Change
OWNER	Maritza Wellington	1317 NW 126th Avenue	≣Add
		Sunrise FL 33323	□Remove
			□Change
OWNER	Bain Wellington Associates Inc	1317 NW 126th Avenue	≅Add
		Sunrise FL 33323	□Remove
			☐ Change
MGR	Shannon Cornell	2225 E Edgewood Dr	
		Suite 4	□Remove
		Lakeland, FL 33803	□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change

Adding Manager Shannon Cornell	
fective date, if other than the date of filing:	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after is filed.	r the
November 18 2020	
Signature of a member or authorized representative of a member	

Filing Fee: \$25.00