LZ0000361418

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Certified Copies	Certificate	
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Special Instructions to F	Filing Officer:	
		

Office Use Only



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January 22, 2021

CHARLIN BATEAU 165 NW 96TH TER #308 PEMBROKE PINES, FL 33024

SUBJECT: CHARLIN BATO LLC Ref. Number: L20000361418

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

THE AUTHORIZED PERSON DETAIL PAGE WAS OMITTED. PLEASE COMPLETE IF APPLICABLE. PLEASE RESUBMIT.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 621A00001487

Susan Tallent Regulatory Specialist II

www.sunbiz.org

COVER LETTER

го:	Registration Sec Division of Corp			
31 (I) EF	rom.	Chalin	n Brato LUCS	
SUBJE		Name of Lim	ited Liability Company	
l'he end	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter		
			Charlin Bakau	
			Name of Person	
			Firm/Company	
		165 NW 91	THE #308 Address	
			EPINES FU 33024 City/State and Zip Code	
			nbaleaus gmail. Ut	
for furt	ther information co	oncerning this matter, please ca	all:	
_Ch	eistong Ch Name of	elin Bateau Person	at (<u>186</u>) <u>199 - Otc</u> Area Code Daytim	e Telephone Number
Enclose	ed is a check for the	e following amount:		
□ \$ 25	5.00 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 S	ection	Street Address: Registration Sec	ction
	Division of Co	orporations	Division of Cor	porations

P.O. Box 6327

A Commence of the Commence of

TO:

Tallahassee, FL 32314

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)	naelin Bat	o CCC t now appears on o	ur records.)	
(A	Florida Limited Liabilit	y Company)	· · · · · · · · · · · · · · · · · · ·	
The Articles of Organization for this Limited Liab	ility Company were	filed on <u>Nover</u>	nber 16,2020	and assigned
Florida document number <u>L 200036141</u>	<u>8</u> .			
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	<u>e limited liability c</u>	ompany here:		
The new name must be distinguishable and contain the word	NJA			
The new name must be distinguishable and contain the word	s "Limited Liability Cor	mpany," the designa	tion "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable	e:			£852
(Principal office address MUST BE A STREET A	ADDRESS)			ना
				7
				₹.
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u></u>			<u>ে</u> ন
B. If amending the registered agent and/or registered agent and/or the new registered office address h		ss on our record	ls, <u>enter the nam</u>	e of the new registere
Name of New Registered Agent:		~	1 Bateau	4
New Registered Office Address:	165 NW	Ole TM TER †	≠ 308 reet address	
-			Florida	33024 Zip Code
New Registered Agent's Signature, if changing Reg	istered 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

· 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
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	•		□Remove
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n effective <u>te:</u> If the	date is listed, the date inserted in	nan the date of fil date must be specific in this block does no on the Department o	and cannot be pri of meet the appl	icable statutory	or more than 90 d filing requireme	_ (optional) ays after filing.) Pur ents, this date will	suant to 605.020 not be listed as
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