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(Requ	uestor's Name)	
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(City/:	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fil	ling Officer:	
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: BA	3 Real Est	ate, LLC.	•
30B3EC1	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	- 1		
	<u> </u>	A. Green Name of Person	
		N/A	
	1	Firm/Company	
	6963 Farl	ey Street	
	<u> </u>	Address	
	Orlando, F	City/State and Zip Code estate(2 gmail.	
		City/State and Zip Code	
	E-mid address:	to be used for future definual report notifi	(OY)
For further information c	oncerning this matter, please c	·	
	^		lui (C/
Brooke F		at (407) 832 -	Telephone Number
(vaine o	i i Cison	Area Code Dayume	эстериме маниет
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)

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

	Or and the second secon
BAG Real Estate	
(<u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability ComFlorida document number $\underline{L21000015885}$.	pany were filed on January 5, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited Brooke A Green, LLC 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:	N/A
(Principal office address MUST BE A STREET ADDRES	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NJA
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the name of the new registered
Name of New Registered Agent:	7
New Registered Office Address:	Enter Florida street address
-	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent's Agent's Signature, if changing Registered Agent's Age	gent:
., .	

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 = Ma $AMBR = Au$	inager ithorized Member		•	
<u>Title</u>	<u>Name</u>	Address	2021 FEB -4 AM 7: 19	Type of Action
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			<u> </u>	□Remove
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ote: It	e date, if other than the date of filing: (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ('the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the affective date on the Department of State's records.
record 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 1.
nted _	February 2021.
	Signature of a member or authorized representative of a member
	·