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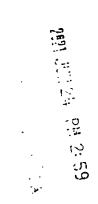
(Re	questor's Name)	
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration So Division of Cor				
	OT FT LLC			
SUBJECT:	Name of Lin	ited 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:		
	RICHARD SHICK			
		Name of Person	 _	
	BACHRODT FT LLC			
		Firm/Company		
	2840 CENTER PORT CRICLE			
	Address			
	POMPANO BEACH, FL 33064			
		City/State and Zip Code		
	RSHICK@VTPGO.COM	<u> </u>		
For the thor information a	E-mail address: (oncerning this matter, please c:	to be used for future annual report not	ification)	
	concerning this matter, prease c			
RICHARD SHICK		954 461-2919 at () Area Code Daytin	····	
Name o	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	he 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 Addres		<u>Street Address:</u> Registration Sc	ection .	
Division of C	Corporations	Division of Co	rporations	
P.O. Box 632		The Centre of		
Tallahassee,	FL 04014	2410 IN. MONTO	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BACHRODT FT LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) [Liability Company]	
he Articles of Organization for this Limited Liability Compan	y were filed on 1-22-21	and assigned
lorida document number 1.21000043254		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	
ne new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		រុទ្ធ វ
Principal office address MUST BE A STREET ADDRESS)		
		. ::
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u>:J</u>
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter the	name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stroet address	
	, Florid	a

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
AMBR	RICHARD SHICK	2840 CENTER PORT CRICLE	≣ Add
		POMPANO BEACH, FL 33064	□Remove
			☐Change
			□Add
			Remove
			☐ Change
			—————————————————————————————————————
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ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to e: If the date inserted in this block does not meet the applicable	date of filing or more than 90 days after filing.) Pursuant to 605.02
ument's effective date on the Department of State's records.	te statutory tilling requirements, tills date with not be fisted
ord specifies a delayed effective date, but not an effective time	e, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rilled.	
ed 6/83/2019	
	<u>/</u>
/sull Mo	ed representative of a member
Signature of a member of synthoriz	ren representative or a memoer

Filing Fee: \$25.00