From: Sylvia Pau

4/1/22, 8:24 AM

Division of Corporations

Florida Department of State

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BATTLES & ASSOCIATES LLC**

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COVER LETTER

	Registration S Division of Co			
201215-142-2		S & ASSOCIATES LLC		
SUBJEC	.1:	Name of Limi	ted Liability Company	
The encl	osed Articles of	f Amendment and fee(s) are sub-	nitted for filing.	
Please re	turn all corresp	ondence concerning this matter t	to the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
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		battman1955@gmail.com	o be used for future annual report notif	iention)
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Cheyenr	ie Moseley		800 773-0888	
	Name	of Person	at ()	Telephone Number
Enclosed	is a check for	the following amount:		
□ \$25.0	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 (indditional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BATTLES & ASSOCIATES LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our record Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000110810</u>	were filed on 03/08/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	
Enter new principal offices address, if applicable:	<u></u>	2022
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		- 100 - 100 0
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		is, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	35
		orida
	Cny	Zıp Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my duties, a provided for in Chapter 605,	nd Lam familiar with and F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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LegalZoom.com, Inc.

From: Sylvia Pauli

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>	Name	Address	Type of Action
AMBR	PATRICIA W BATTLES		
		6048 DASSIA WAY OCEANSIDE, CA 92056	■ Remove
			Change
			Remove
			Change
			Remove
			Change
		·	Add
			Remove
			☐ Change
		- · · · · · · · · · · · · · · · · · · ·	Add
			☐ Remove
			Change
		<u></u>	□ Remove
			☐ Change

D.

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Note	tive date, if other than the date of filing: [Coptional] Tective 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 (3). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
If the re (b) Th	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	March 25 . 2022.
	Signature of a member or authorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00