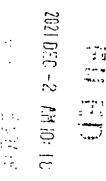
## LZ1000144197

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A. BUTLER
DEC 4 2021

## **COVER LETTER**

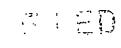
TO:

Registration Section Division of Corporations

Division of Cor	rporations		2021 010 - 2 7110: 41
BAZREA	ALTY LLC		7. 1 1:41
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Wesam Alabed		
		Name of Person	
	LLC		
		Firm/Company	
	12108 N 56th St. Ste 2		
		Address	
	Tampa FL 33617		
		City/State and Zip Code	
	wesamabed@gmail.com	to be used for future annual report no	Infrastican)
For further information c	concerning this matter, please c	•	uncaum
	oncerning and matter, produce o		
Wesam Alabed	<u>-</u> .	813 5202544 at () Area Code Davti	
Name o	of Person	Area Code Daytii	me Telephone Number
Enclosed is a check for the	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 Address		Street Address:	
Registration S		Registration S	
Division of C P.O. Box 632		Division of Co The Centre of	•
Tallahassee,			oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



**BAZREALTY LLC** 

2021 DEC -2 AM 10: 18

(Name of the Lin	ited Liability Compar (A Florida Limited I	ny as it now appears on our re liability Company)	cords.)	77 5 Hale 51, 71,
			TALL !	P. 1. 1. 4.
The Articles of Organization for this Limited		were filed on 04/01/2021		_ and assigned
Florida document number L21000144197	·			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liabi	lity company here:		
The new name must be distinguishable and contain the	words "Limited Liabili	ity Company," the designation '	LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if appl	icable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
			<u></u>	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	F ROX)			·
	<u> </u>			
		<del></del>		
B. If amending the registered agent and/or	registered office a	ddress on our records, er	iter the name	of the new regis
agent and/or the new registered office addr	ess here:	· <u>-</u>		
Name of New Registered Agent:	Wesam Alabed	d		
New Registered Office Address:	12108 N 56TH	ST2		
New Registered Office Address:	12108 N 56TH	Enter Florida street ac	ldress	
New Registered Office Address:	12108 N 56TH Tampa	Enter Florida street aa	<sub>ldress</sub> , Florida <sup>3361</sup>	7

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 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>	<u>Address</u>	Type of Action
AMBR	Hani Zaloum	19005 CALLAWAY CT ,TAMPA, FL 33647	□ Add
			■Remove
			□Change
			□Add
			🗆 Remove
			□Add
			□Remove
			□Change
	<del></del>		□Add
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		<del></del>	Change
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			Remove
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Effective date, if other than the date of filing:	we date, if other than the date of filing:	-	
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Filing Fee: \$25.00