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/Pa	questor's Name)	
(ne	questors Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

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TO: Registration Section Division of Corporation			
SUBJECT: BAS	OH Collective Name of Limi	ited Liability Company	
The enclosed Articles of Art	endment and fee(s) are subr	mitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	Ansley	Dought Name of Person	
	BASH COL	lective uc	
	13860 WATE	May Address	
	JACKSCHUIL	Ne FC 32004 City/State and Zip Code	
-		46 GMAIL, Com o be used for future annual report notil	
For further information conc			incarion,
Ansley D Name of Pe	oughty	at (CO4) 568- Area Code Daytime	2626 e Telephone Number
Enclosed is a check for the f	ollowing 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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa	any were filed on April 5, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company." the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	NA /	_
Enter new mailing address, if applicable: (Mailing uddress MAY BE A POST OFFICE BOX)		2821 F.V 3
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, enter the nam	e of the new registered
Name of New Registered Agent:	NA	
New Registered Office Address:	Enter Florida street address , Florida	
	City , Fiorida	Zip Code

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
MUR	Scott Doughty	13860 WATERCHASE WAY	_ 15/Add
		JACKSCHVIlle PL 32224	_ □Remove
			_ □Change
			_ □Add
			_ □Remove
			_ 🗆 Change
			_ □Add
			_ □Remove
			_ □Change
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			_ Remove
			_ Change
			_ 🗆 Add
			_ □Remove
			_ □Change
			_ □Add
			□Remove

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff <u>Note:</u>	fective date, if other than the date of filing:
rd is ti	lacksquare
Dated	Np1,127 2021
	Carl Man
	Signature of a member or authorized representative of a member
	(X, X, C, C) = X