## L21000336782

	(Requestor's Name)	
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	(City/State/Zip/Phone #)	
PICK-UI	P WAIT	MAIL
	<u> </u>	<del></del>
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	tatus
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Special Instructions	s to Filing Officer:	





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## **COVER LETTER**

TO: Registration Se Division of Cor		· .	
SUBJECT: Y	HA Bayer En-	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing	
Please return all correspo	ndence concerning this matter	r to the following:	
	Ste	VIC Smith Name of Person	<del></del>
		Firm/Company	
	2251 S B	ascombe Ave	~:
	Homosassa	Florica 34448 City/State and Zip Code	
	Matt Bayer E-mail address:	Enterprises @ 9 mg	ication)
For further information co	oncerning this matter, please c	all:	#: 22
Sterie Sm	Person	at (352) 586-6	7577 Telephone Number
		7 Taytine	reignane (vanne)
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	S30.00 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 Se	ection	Street Address: Registration Sect	
Division of Co P.O. Box 6327		Division of Corp The Centre of Ta	
Tallahassee, Fi	L 32314		Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Matt Bayer Ente	erprises LL	. (	<del></del>
Name of the Limited Liability Con (A Florida Limit	ed Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L21000336782</u> .	any were filed on	126/2021	_ and assigned
. las amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the des	ignation "LLC" or the abbro	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			• 3
			· · · · · · · · · · · · · · · · · · ·
			:
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			::
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		,	. 01
B. If amending the registered agent and/or registered office gent and/or the new registered office address here:	ce address on our rec	ords, <u>enter the name (</u>	of the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	a street address	
		Florida	
	City	· · · · · · · · · · · · · · · · · · ·	Zio 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
MGR	Stevie N Smith	22515 Bascombe Ave	□Add
		Homosassa, F1 34448	X'Remove
			□Change
	<del></del>		JAdd
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Signature of a member or authorized representative of a member	ated	1)	<u> </u>	<u>. 25</u>			
Signature of a member or authorized representative of a member			Atri	\ \mathread m=	A		. :
Storie Smith		Signatu	re of a member	or authorized rep	resentative of a me	ember	
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