## L21000362374

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A. BUTLER OCT 28 2021

## **COVER LETTER**

		stration Sect sion of Corpe			•	
SUBJEC		Bainy LLC			•	. 4
SOBJEC	-li <u>.</u>		Name of Lim	ited Liability Company		
The enclo	osed	Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please rei	turn :	all correspone	dence concerning this matter	to the following:		
			Michael Walding Jr.			
				Name of Person		
			QWNTM Services LLC			
			·	Firm/Company		•
			PO Box 991			
				Address	<del></del>	•
			Thayne, WY 83127			
				City/State and Zip Code		•
			info@qwntmservicesllc.cor	n to be used for future annual report notifical	(ion)	
For furthe	er int	formation con	ncerning this matter, please ca		non)	
Michael			,	307 275-7806		
		Name of I	Person	at () Area Code Daytime Te	elephone Number	<del></del>
Enclosed	l is a	check for the	following amount:			
■ \$25.0	00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
		ing Address:		Street Address: Registration Section	\n	

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bainy LLC		2021 007 20	P# 3: 52
(Name of the Limited Liabi	lity Company as it now appear da Limited Liability Company)	s on our records.)	TH 0 04
(A FIGH	ua Emmeu Liabinty Company)		OF STATE
The Articles of Organization for this Limited Liability	Company were filed on 08/	12/2021	and assigned
Florida document number L21000362374			
riorida document number	·		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lin</u>	nited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the de	esignation "LLC" o	r the abbreviation "L.1.,C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD	RESS)		
		<u> </u>	
Enter new mailing address, if applicable:			
• • • • • • • • • • • • • • • • • • • •			
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registere	ed office address on our re	cords, <u>enter th</u>	e name of the new register
gent and/or the new registered office address here:			
Name of New Registered Agent:		<u> </u>	<del></del>
M. D. C. LOW AND			
New Registered Office Address:	Enter Flori	da street address	
	Charle 1 to h	ar ar ter daur ead	
		, Flori	da
	City		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
AMBR	Michael Walding Jr.	18117 BISCAYNE BLVD	
		MIAMI, FL 33160	■Remove
			☐ Change
AR	Moneymaker Latam LLC	18117 BISCAYNE BLVD	■Add
		MIAMI, FL 33160	□Remove
			□Change
			□Add
		****	□Remove
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ffective date, if other than the d	late of filing:		(optional	)
an effective date is listed, the date must l	he specific and cannot be price ask does not meet the appli	or to date of filing or mo icable statutory filing	ore than 90 days after tilin grequirements, this dat	g.) Pursuant to 605.0207   e will not be listed as t
<u>lote:</u> If the date inserted in this bloc	partment of State's record	S.		
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