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Attorneys and Counselors at Law 123 South Calhoun Street P.O. Box 391 32302 Tallahassee, FL 32301

P: (850) 224-9115 F: (850) 222-7560

ausley.com

October 11, 2024

VIA HAND-DELIVERY

Florida Secretary of State Division of Corporations 2415 N Monroe St Suite 810 Tallahassee, FL 32303

Re: Filing of Articles of Amendment of Articles of Organization

The Bach Babe 30A, LLC

Dear Regulatory Specialist:

Enclosed please find Articles of Amendment of Articles of Organization for The Bach Babe 30A, LLC for processing. A check in the amount of \$25 to cover the *fee* is provided.

Please do not hesitate to contact me regarding this filing should you have any questions.

Sincerely,

/s/ Maura Anderson
Paralegal at Ausley & McMullen
manderson@ausley.com
(850) 425-5350

Docusign Envelope ID: 3C1CC6EF-22D3-4D6D-88BE-163A362A5F0E ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE BACH BABE 30A, LLC		<u> </u>
(Name of the Limited Lia (A Flo	ility Company as it now appears on our r da Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability	Company were filed on October 6, 2	2021 and assigned
lorida document numberL21000437207	'	
his amendment is submitted to amend the following		
a. If amending name, enter the new name of the l	mited liability company here:	
THE BACH COLLECTIVE, LLC		··. 🔀
he new name must be distinguishable and contain the words "I	imited Liability Company," the designation	•
Enter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET AD	ORESS)	
		ts .
		, <u>w</u>
Enter new mailing address, if applicable:	N/A	
Mailing address MAY BE A POST OFFICE BOX)		()
3. If amending the registered agent and/or registe gent and/or the new registered office address here. Name of New Registered Agent:	:	nter the name of the new regi
New Registered Office Address:	Enter Florida street d	uddress
		, Florida
	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 Changing Registered Agent, Signature of New Registered Agent

Docusign Envelope ID: 3C1CC6EF-22D3-4D6D-88BE-163A362A5F0E
11 amenoring Authorized rerson(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
N/A			
			□Remove
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Effect	tive date, if other than the date of filing: (optional) 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 605.020
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
docun	nent's effective date on the Department of State's records.
he re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o
	e 90th day after the record is filed.
	10/31/2024
Dated	
Dated	Mcde M. Mathews
Dated	Mide M. Mathews 4418AAD584CD42F Signature of a member or authorized representative of a member

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Filing Fee: \$25.00