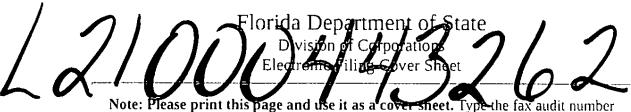
Division of Corporations



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(shown below) on the top and bottom of all pages of the document.



H240002100483ABCV

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:				

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BAYSIK AUTO LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Corporate Filing Menu

Help

K. SALY

Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 JUN 17 AM 6: 37

Baysik Auto LLC	Company as it now appears on our records.) Limited Liability Company)
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)
Discovering the second of the	control company)
The Articles of Organization for this Limited Liability Co	ompany were filed on 10/11/21 and assigned
Florida document number L21000443262	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
LTZ & Company LLC	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR.	(ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
.11	
•	
	office address on our records, enter the name of the new registers
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, 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.

□ 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						
Title	Name	<u>Address</u>	2024 JUN 17 AM 6: 37 SECRE AND FEORID;	Type of Action		
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				Change		
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ffective date, if other than the an effective date is listed, the date in ote: If the date inserted in this occument's effective date on the	plock does not meet the applicable stat	(optional) filing or more than 90 days after filing.) Pursuant to 605.020 atory filing requirements, this date will not be listed a
record specifies a delayed effect Lis filed.	ive date, but not an effective time, at 13	2:01 a.m. on the earlier of: (b) The 90th day after th
ated June 17	2024	
ated Market Sy	WIW	
· · · · · · · · · · · · · · · · · · ·	Signature of a member or authorized rep	