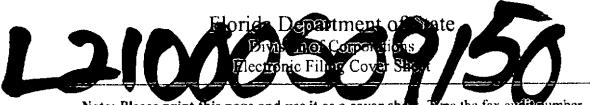
1/21/22, 8:33 AM

**Division of Corporations** 



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

Phone : (323)962-8600 Fax Number : (323)962-3889

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

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BAAR PRIEMIER PROEPERTIES LLC

Certificate of Status	0
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Page Count	06
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Hetp LEMIEUX JAN 24 2022

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## **COVER LETTER**

TO: Registration Se Division of Cor			T. A.
	EMIER PROEPERTIES LLC		
SUBJECT:	Name of Limi	ited Liability Company	<del></del>
	•	•	
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
·	Cheyenne Moseley		• • •
		Name of Person	
	Legalzoom.com, Inc.		
•		Firm/Company	
	101 N Brand Blvd 11th Fl	·	
		. Address	
	Glendale, CA 91203		·
· · '	baarpremierpropenies@gm	City/State and Zip Code ail.com	
	E-mail address: (	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Cheyenne Moseley		800 773-0888 at ()	
· Name o	f Person	Area Code Daytim	e Telephone Number
,			
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee .	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAAR PRIEMIER PROEPERTIE	•		
(Name of the Limi	ted Liability Company as it now appear. (A Florida Lumited Liability Company)	s on our records.)	
he Articles of Organization for this Limited L lorida document number <u>L21000509150</u>	iability Company were filed on 12	01/2021	_ and assigned
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name o	of the limited Hability company he	<u>re</u> :	
Baar Premier Properties LLC		•	,
he new name must be distinguishable and contain the	words "Limited Liability Company," the di	esignation "LLC" or the abbr	eviation "L.L.C.".
nter new principal offices address, if appli	cable:	,	
Principal office address MUST BE A STRE			
THE COLUMN TO THE WAY OF THE COLUMN TO THE C		·	
			2
nter new mailing address, if applicable:			. 2
Mailing address MAY BE A POST OFFICE	. ROV	-	Det
MANUAR ABBURAS INAT BE A FOST OF FICE	. HONI		2
	<u></u>		<u> </u>
. If amending the registered agent and	l/or registered office address on	our records, enter t	he name of the
egistered agent and/or the new registered o	office address here:		
•	. ``,	.•	` မူ
Name of New Registered Agent:	Rachel Brown		
New Registered Office Address:	12863 Sunstone Ave., Apt. #1113		
	Enter Flor	rida street <u>a</u> ddress	
	Orlando	, Florida <u>3283</u>	32
	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

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	Address	Type of Action
			D Add
•			□ Remove
			☐ Change
And the state of t			C Remove
. •			☐ Change
			D Add
			☐ Remove
			☐ Change
•			D Add
			☐ Remove
			Change
			[] Add
			D Remove
			Change
			□ Add
			Change

Page 3 of 3

Typed or printed name of signee

Signature of a member or authorized representative of a member

Angela L Hawkins

Filing Fee: \$25.00