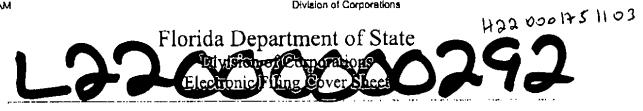
5/17/22, 11:08 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000175110 3)))



H220001751103ABCT

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SERBER & ASSOCIATES, P.A.

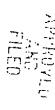
Account Number : I20000000083 Phone : (305)932-6262 Fax Number : (305)933-9393

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

Email Address: INFO & Suralautin. com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BAC 1605, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00



H220001751103

## DocuSign Envelope ID: 6ABA6A40-7BC4-43FC-B32B-C671386B40CB ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAC 1605, LLC

(Name of the Limited Liability Company as it now nonears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/29/2021 and assigned

Florida document number L22000000292

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

New Registered Office Address:

Enter Florida street address

Florida

City

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

422000 1751103

DocuSign Envelope ID: 6ABA6A40-7BC4-43FC-B32B-C671386B40CB in amending the ivialiagers or Authorized internoer on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Lorena S Dezertzov	18201 Collins Ave #TS	34 ■ Add
		Sunny Isles Beach, FL 331	
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