

L22000015403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

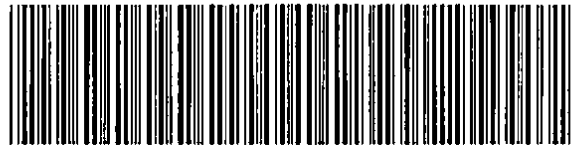
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

5/2-20-23

Office Use Only

Sean Downward gave authorization
2/20/23 to update the registered
office address to a Florida
street address. 5/2 2/20/23



800400896018

01/20/23--01032--001 **50.00

RECEIVED
AND
FILED
2023 JAN 20 AM 8:30

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BAHR PROPERTY, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SEAN A. DOUTHARD, ESQ.

Name of Person

WALLER LAW, P.A.

Firm/Company

P.O. BOX 1668

Address

DADE CITY, FL 33526

City/State and Zip Code

SEAN@WALLERLAWFL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SEAN DOUTHARD

352

567 - 4690

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 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 Address:

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**

APPROVED
AND
FILED

CB & MM INVESTMENTS, LLC

2023 JAN 20 AM 8:30

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/06/2022 and assigned
Florida document number L22000015403.

This amendment is submitted to amend the following:

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

BAHR PROPERTY, LLC

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

Enter new principal offices address, if applicable:

6440 FORT KING ROAD

(Principal office address MUST BE A STREET ADDRESS)

ZEPHYRHILLS, FL 33541

Enter new mailing address, if applicable:

P.O. BOX 611

(Mailing address MAY BE A POST OFFICE BOX)

SAN ANTONIO, FL 33576

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:

Name of New Registered Agent:

DOUTHARD, SEAN, ESQUIRE

New Registered Office Address:

~~P.O. BOX 1668~~ 38038 Meridian Avenue

Enter Florida street address

DADE CITY

City

Florida

~~33526~~ 33525

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MONBARREN, MARTY	6815 DAIRY ROAD	<input type="checkbox"/> Add
		ZEPHYRHILLS, FL 33542	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BAHR, CARRIE	P.O. BOX 611	<input type="checkbox"/> Add
		SAN ANTONIO, FL 33576	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _____, _____

Carrie Baker 1-12-2023

Signature of a member or authorized representative of a member

Carrie Bahr

Typed or printed name of signee