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DATE: 05/16/23

NAME: BAJ PROPERTIES 1 LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Sect Division of Corp			
	RAI	PROPERTIES 1	LLC
SUBJECT:		ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	Ro ber	T ShashaTY Name of Person	
		,. 	
		Firm/Company	
	2250 3RC	PL SW	
		Address	
	UERO	Beach FL 32;	962
	Ph	City/State and Zip Code	u com
	E-mail address: (ShaShATY (9 9 MA to be used for future annual report notifica	ation)
For further information co	oncerning this matter, please ca	all:	
RoberT	ShAShATY	at (914) 612 -	2674
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th		El 666 00 EU. F 4	C \$40.00 Eiling Ege
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fcc, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	:
Registration Section Division of Corporations		Registration Sect Division of Corp	
P.O. Box 632	-	The Centre of Ta	
Tallahassee,		2415 N. Monroe Tallahassee, FL 3	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



BAJ PROPE	RTies 1	LLC	35 E. F. M.
(Name of the Limited Liability Cor (A Florida Limit			
The Articles of Organization for this Limited Liability Compa Florida document number <u> </u>	any were filed on ろヌリ	4/7/202	2 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited I			
Shadow Lawn 10. The new name must be distinguishable and contain the words "Limited L	3 LLC'	esignation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our r	ecords, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	rida street address	·
	City	, Florida _	Zip Code
	City		emp com

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>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
-			□Add
			□Remove
			□Change
			□ Remove
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			Change
			□Remove
			□Change

. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an offer Note:	ve date, if other than the date of filing:
the record cord is fil	d 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 ed.
Dated	Signature of a member or authorized representative of a member
	2. Showhaty
	Robert Shashaty

Filing Fee: \$25.00

COVER LETTER

Division of Corp			
•	RAT	PROPERTIES 1	LLC
SUBJECT:		ed Liability Company	
	Hame of Billion		
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspor	ndence concerning this matter to	o the following:	
	0	. : _	
	Ko ber	T ShashaTY Name of Person	
		Name of Person	
		Firm/Company	
	2250 3KG	PL SUJ	
		Address	
	115 Rm	Beach Fl 32	962
	<u> </u>	City/State and Zip Code	/
	Robe	ShashaTV@ 9ma	916 - COM
	E-mail address: (1	BCACh , FL 32 City/State and Zip Code ShAShATY (9 m/	cation)
For further information c	oncerning this matter, please ca		
			21.71.
KO DERT	ShashaTy	at (917) 612 Area Code Daytime	- XE 7 9 Telephone Number
Name o	t Person	Area Code Dayimic	retephone runnous
Enclosed is a check for the			
\$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ S60.00 Filing Fcc, Certificate of Status &
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certified Copy
			(additional copy is enclosed)
Mailing Addre	ss:	Street Address:	
Registration Section Division of Corporations		Registration Sec	
		Division of Corp	
P.O. Box 632		The Centre of T	allahassee e Street, Suite 810
Tallahassee,	FL 32314	Tallahassee, FL	
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