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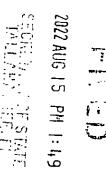
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A. BUTLER NOV - 7 2022

COVER LETTER

TO: Registratio Division of	n Section Corporations		
	Y NAME CHANGE FOR BAK	OLE AND ASSOCIATES LLC	•
SUBJECT:	Name of Li	mited Liability Company	•
The enclosed Article	s of Amendment and fee(s) are su	abmitted for filing.	
Please return all corr	espondence concerning this matte	er to the following:	
	RUTH JESSICA BAKO	LE	
		Name of Person	
	BAKOLE AND ASSOC	TATES LLC	
	<u> </u>	Firm/Company	
	16738 MOONER PLAN	K CIRCLE	
		Address	
	WIMAUMA, FL 33598		
		City/State and Zip Code	
	jessicakabala9@gmail.com		
	E-mail address	: (to be used for future annual report not	ification)
For further informati	on concerning this matter, please	call:	
RUTH JESSICA BA	AKOLE	813 601-9973	
Na	me of Person		ne Telephone Number
Enclosed is a check t	for the following amount:		
☐ \$25.00 Filing Fe	ee ■ \$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)
<u>Mailing Ad</u> Registrati	dress: on Section	<u>Street Address:</u> Registration Se	ection
_	of Corporations	Division of Con	rporations
P.O. Box	•	The Centre of	
Tallahasse	ee, FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLED

BAKOLE AND ASSOCIATES LLC

(Name of the Limited Liability Company as it now appears or our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lie	ability Company	were filed on 05/23/2022 LLAST TESTATE and assigned			
Florida document number L22000239034					
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liab	oility company here:			
BAKOLE SERVICES LLC					
The new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		16738 MOONER PLANK CIRCLE			
(Principal office address MUST BE A STREET ADDRESS)		WIMAUMA, FL 33598			
Enter new mailing address, if applicable:		16738 MOONER PLANK CIRCLE			
(Mailing address MAY BE A POST OFFICE I	B <i>OX</i>)	WIMAUMA, FL 33598			
B. If amending the registered agent and/or reagent and/or the new registered office addres Name of New Registered Agent:	~	address on our records, enter the name of the new register			
	N/A				
New Registered Office Address:		Enter Florida street address			
	N/A	, Florida N/A			
		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

<u>Title</u>	Name	Address	Type of Action
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