## 122000342593

| (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: |
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| Annend.                                 |

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## · COVER LETTER

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| iability Company                                |   | _   |  |  |  |
| ed for filing.                                  |   |   |  |  |  |
| e following:                                    |   |   |  |  |  |
|   |   |   |  |  |  |
| Name of Person                                  |   | _   |  |  |  |
|   |   |   |  |  |  |
| Firm/Company                                    |   | _   |  |  |  |
|   |   |   |  |  |  |
| Address   |   | <u> </u>  |  |  |  |
|   |   |   |  |  |  |
| City/State and Zip Code abigailedoxey@gmail.com |   |   |  |  |  |
| used for future annual re                       | port notification)  | _   |  |  |  |
|   | ,   |   |  |  |  |
|   | 2750  |   |  |  |  |
| Area Code                                       | Daytime Telephone Num   | ber   |  |  |  |
|   |   |   |  |  |  |
| Certified Copy                                  | Certifi<br>sed) Certifi   | Filing Fee,<br>icate of Status &<br>ted Copy<br>and copy is enclosed)   |  |  |  |
|   |   |   |  |  |  |
|   |   |   |  |  |  |
|   | Address  Address  Sy/State and Zip Code  used for future annual re  912 602- at ( | Address  Address  Sy/State and Zip Code  used for future annual report notification)  Area Code  Daytime Telephone Num  Area Code  Certified Copy (additional copy is enclosed)  Certified Certification  Daytime Telephone Certification |  |  |  |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

| BAWH ENTERPRISES LLC  |  |                              |
|---|--|------------------------------|
| ( <u>Name of the Limited Liability Com</u><br>(A Florida Limited  | pany as it now appears on our records.<br>I Liability Company) | )                            |
| The Articles of Organization for this Limited Liability Companion of the Liability Companion of L22000342593 $\frac{L22000342593}{L}$ . | y were filed on  | and assigned                 |
| This amendment is submitted to amend the following:   |  |                              |
| A. If amending name, enter the new name of the limited lia  | bility company here:   |                              |
| The new name must be distinguishable and contain the words "Limited Lia   | bility Company," the designation "LLC"                         | 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 agent and/or the new registered office address here:                       | e address on our records, <u>enter t</u>                       | he name of the new regist    |
| Name of New Registered Agent:   |  |                              |
| New Registered Office Address:  | Enter Florida street address                                   |                              |
|   |  |                              |
|   | , Floo   | r <b>ida</b><br>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 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 |
|--------------|------------------|---|----------------|
| MGR          | Abigail E. Doxey | 88005 Overseas Hwy 10-160 Islamorada FL 33036 | <b>=</b> Add   |
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| Abigail E. Doxey should ha   |  |                     | <del>_</del>                                     |  |                      |
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| fective date, if other than the n effective date is listed, the date muster. If the date inserted in this blocument's effective date on the Do | be specific and cannot<br>ck does not meet the | te applicable s     | e of filing or more tha<br>statutory filing requ | (option<br>n 90 days after fil<br>irements, this d |                      |
| ecord specifies a delayed effective is filed.  | date, but not an eff                           | fective time, a     | t 12:01 a.m. on the                              | earlier of: (b)                                    | The 90th day after t |
| ted August 5   | . 202  | 12                  | /_/  |  |                      |
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|  | ignature of a member                           | or authorized       | representative of a me                           |  | ·                    |