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Division of Corporations

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From:

Account Name : INTERSTATE FILINGS LLC

Account Number : I20110000086 Phone : (718)569-2703 : (718)504-7890 Fax Number

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

Email Address: hazel@vstatefilings.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BARTWORTH MANAGEMENT LLC

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K. SALY

JUN - 4 2024

## (((H24000194275 3))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



BARTWORTH MAN AGEMENT LLC

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

(A Florida Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/15/2023 and assigned Florida document number 1.23000120043

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC".

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:

Name of New Registered Agent:

## New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Floridastreet address

\_. Florida \_\_\_

From: Alexander Englard

(((H24000194275 3)))
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
MBR	LEVI AINSWORTH	1000 99TH STREET, UNIT 8	
		BAY HARBOR ISLANDS, FL 33154	
			□Change
MBR	Toby Bartfield	1000 99TH STREET, UNIT 8	■Add
		BAY HARBOR ISLANDS, FL 33154	□Remove
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<b>fortall</b> ective date <u>Note:</u> If the da	, if other than the date of filing: _e is listed, the date must be specific and cate inserted in this block does not nice ective date on the Department of State	anot be prior to date of it t the applicable statute	ory filing requirements,	after filing.) Pursuant to 605,0207 (, this date will not be listed as th
record specifi d is filed.	es a delayed effective date, but not an	effective time, at 12:0	III a milion the earlier of	(h) The 90th day after the
Dated	May 31st	2024		
			-	
	Signature of a men	nher or authorized repre	sentative of a member	

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