

L230000410006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

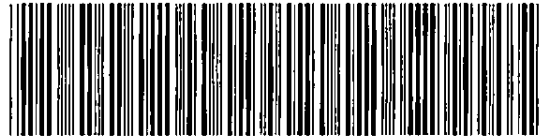
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09/05/24--01017--003 **35.00

2024 OCT -1 PM 9:56
FILE
SECRET

43

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BAITA-HOME LLC

DOCUMENT NUMBER: L23000410006

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SIMON NAON

Name of Contact Person

NAON AND CO LLC

Firm/ Company

331 NE 89TH STREET

Address

MIAMI, FL 33138

City/ State and Zip Code

SIMON@NAONANDCO.COM

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

For further information concerning this matter, please call:

SIMON NAON

at (347)

898-6079

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

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

Street Address

Amendment 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**

BAITA-HOME LLC

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

2024 OCT -1 PM 9:56

The Articles of Organization for this Limited Liability Company were filed on 08/31/2023 and assigned
Florida document number L23000410006

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 "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 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:

MICKAEL BENITAH

New Registered Office Address:

66 West Flagler Street Suite 900

Enter Florida street address

Miami

Florida 33130

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.

Mickael Benitah
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>
AMBR	MICKAEL BENITAH	66 West Flagler Street Suite 900	<input type="checkbox"/> Add
		Miami, FL 33130	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	MM DESIGN CORP	838 WALKER ROAD SUITE 21-2	<input checked="" type="checkbox"/> Add
		DOVER, DE 19904	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

(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)

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 SEPTEMBER 27 2024

Signature of a member or authorized representative of a member

MICKAEL BENITAH

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 16, 2024

SIMON NAON
331 NE 89TH STREET
MIAMI, FL 33138

SUBJECT: BAITA-HOME LLC
Ref. Number: L2300041006

We have received your document for BAITA-HOME LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 124A00020669

