

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : THE SKEEN LAW GROUP, P.A.
Account Number : 120160000054
Phone : (954)300-1529
Fax Number : (954)374-9841

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

Email Address: para legal@skeenlawoffice.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BAYROCK VENTURES LLC**

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BAYROCK VENTURES LLC

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

The Articles of Organization for this Limited Liability Company were filed on SEPTEMBER 22, 2023 and assigned
Florida document number: L23000442440.

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)

4970 SW 52ND ST

STE 305

DAVIE FL 33314

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4970 SW 52ND ST

STE 305

DAVIE FL 33314

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: JOEL SMALL

New Registered Office Address: 4970 SW 52ND ST, STE 305

Enter Florida street address

DAVIE, Florida 33314
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

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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>
MGR	JOEL SMALL	4970 SW 52ND ST	<input checked="" type="checkbox"/> Add
		STE 305	<input type="checkbox"/> Remove
		DAVIE FL 33314	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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