

L23000475630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

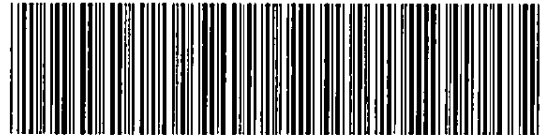
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 APR 24 AM 9:14
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TALLAHASSEE, FL

2024 APR 24 AM 10:51
RECEIVED
DEPT OF STATE
TALLAHASSEE, FL
OFFICE OF THE
CLERK OF THE
SUPREME COURT

12/24/24
R. HUNT

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$30.00

EXAMINER'S INITIALS:

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SI CONNECTION, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KAREN QUAILLE

Name of Person

Harbaugh Developers

Firm/Company

3 Myers Drive, #306

Address

Mullica Hill, NJ 08062

City/State and Zip Code

karen@harbaughdevelopers.com

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

For further information concerning this matter, please call:

Garry Spear

561 912-3580
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| ☐ \$25.00 Filing Fee | ☒ \$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) |
|---|---|--|--|

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RECEIVED
TALLAHASSEE, FL
JUN 29 AM 9:14

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SI CONNECTION, 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 10/16/2023 and assigned
Florida document number 1.23000475630.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Bahmani Exuma, LLC

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:

New Registered Office Address:

Enter Florida street address

_____, **Florida** _____
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
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		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change

STATE
OFFICE
24
AM 9:14
JAN 24 2014

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2000-02-24 AM 9:14
CLERK OF STATE
TAMPA, FL

2
JAN 24 AM 9:14
OFFICE OF STATE
ATTORNEY, FLA.

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 April 24, 2024

- DocuSigned by:

Thomas Tranovich

Signature of a member or authorized representative of a member

THOMAS TRANOVICH

Typed or printed name of signee

Filing Fee: \$25.00