L2300475630

	William and Manager
•	(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 I	Etling Officer
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Office Use Only



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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

07/17/2024

NAME: BAHMANI EXUMA, LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF AMENDMENT

•	TO
	ARTICLES OF ORGANIZATION
	OF

(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it no Limited Liability Co	w appears on our record ompany)	<u>s.</u>)			
The Articles of Organization for this Limited Liability C Florida document number <u>L23000475630</u>	Company were file	d on 10/16/2023		and	assigned	
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lim	ited liability com	<u>pany here</u> :				
BAYMAHNI EXUMA, LLC						
The new name must be distinguishable and contain the words "Lin	iited Liability Compa	ny," the designation "LLC	or the abb	reviation	ı"L.L.C."	
Enter new principal offices address, if applicable:		ortheast 27th Terrace				
(Principal office address MUST BE A STREET ADDRESS)		ouse Point, FL 33064		**.1		
			ÿ	: 5		
Enter new mailing address, if applicable:		RS DRIVE, SUITE 14			•	
(Mailing address MAY BE A POST OFFICE BOX)		ICA HILL, NJ 08062	<u> </u>	<u>#</u>	TT CJ	
B. If amending the registered agent and/or registered	d office address o	on our records, <u>enter</u>	T T	ဂ္ဂ လ of the		
agent and/or the new registered office address here:						
Name of New Registered Agent: Stepho	Stephen Harbaugh					
New Registered Office Address: 3811		theast 27th Terrace				
l iohil	ouse Point	Enter Florida street address		64		
	City	, Flo	rida <u>330</u>	Zip Ce		

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>	Address	Type of Action
MGR	THOMAS TRANOVICH	932 GARDENIA DRIVE	
		DELRAY BEACH, FL 33483	■Remove
			□Change
			□Add
			□Remove
			□Change
			<u>S</u> □Add
			Remove
			SSEE STATE
			□Remove
		····	□Change
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<u>iote:</u> If the	ate, if other than the date is listed, the date in date inserted in this effective date on the	block does not	meet the app	dicable statute	ing or more than	(opt 190 days afte rements, th	ional) r filing.) I is date w	Pursuant ill not b	to 605.020 be listed as
record spec	cifies a delayed effect	tive date, but no	ot an effective	e time, at 12:0	I a.m. on the	carlier of: (b) The	90th da	y after the
			2024	<u> </u>					
l is filed.	July 17		—	<u> </u>					
l is filed.	July 17				-				
d is filed. Dated	July 17	Signature of a	a member or at	ithorized repres	sentative of a me	mber		. ,	_