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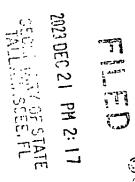
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Special Instructions to Filing Offic	er:
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## **COVER LETTER**

	Registration S Division of Co		
	_ <b>e</b> ∕ Bac	hman Path, LLC	
SUBJEC	ΣΥ:	Name of Lin	ited Liability Company
The enclo	osed Articles o	f Amendment and fee(s) are sub	emitted for filing.
Please ret	turn all corresp	ondence concerning this matter	to the following:
		Nat Smith	
			Name of Person
		Northwest Registered Age	ent
		<del></del>	Firm/Company
		7901 4TH ST N STE 300	
			Address
		ST. PETERSBURG, FL.	33702 CO 28
			City/State and Zip Code
		bachmanrental@gmail.con	to be used for future annual report notification)
For furth	er information	concerning this matter, please of	(n-< _
Robert S	iantarsiero		954 612-4557 TS
	Name	of Person	Area Code Daytime Telephone Number
Enclosed	l is a check for	the following amount:	
\$25.	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,  Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee,  Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre	Section	Street Address: Registration Section
	Division of 9 P.O. Box 63	Corporations 27	Division of Corporations The Centre of Tallahassee
	Tallahassee.		2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

as it now appears on our records.) ability Company)	
ere filed on November 13, 2023	and assigned
ity company here:	
y Company," the designation "LLC" or the	abbreviation "L.L.C."
	2013 01.0
ldress on our records, enter the na	me of the new registered
	FATE 1
Enter blowish street address	
Emer r tortaa street auaress	
Florida _	Zip Code
	Company," the designation "LLC" or the designa

## 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 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	Robert Santarsiero	7901 4TH ST N STE 300	■Add
		ST. PETERSBURG, FL. 33702	□Remove
			□Change
MGR	Elizabeth C. Santarsiero	7901 4TH ST N STE 300	<b>.</b>
		ST. PETERSBURG, FL. 33702	□Remove
			□Change
			Ramove  The Common of the Comm
			☐ Change
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			□Remove
			□Change

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  e 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 trid is filed.  Dated December 14	fective date, if other than the date of filing:								
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Filing Fee: \$25.00