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(City/State/Zip/Phone #)

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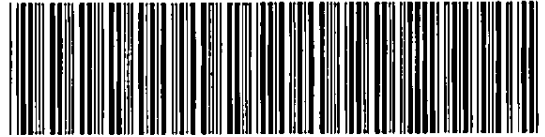
(Business Entity Name)

(Document Number)

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**FLORIDA FILING & SEARCH SERVICES, INC.**

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**155 Office Plaza Dr Ste A Tallahassee FL 32301**

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**DATE: 3/25/2024**

**NAME: PALMETTO BAY DISCOUNT LIQUORS LLC**

**TYPE OF FILING: AMENDMENT**

**COST: 25.00**

**RETURN: PLAIN COPY PLEASE**

2024 03 25 AM 9:37  
STATE  
OFFICE, FL

**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*A. Hodge*

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Palmetto Bay Discount Liquors 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:

Ted Bachan

Name of Person

Palmetto Bay Discount Liquors LLC

Firm/Company

17000 South Dixie Highway

Address

Miami Florida 33157

City/State and Zip Code

erstedbachan@gmail.com

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

For further information concerning this matter, please call:

Ted Bachan

305 903-5432

Name of Person

at ( )

Area Code

Daytime Telephone Number

2006.03.25 AM 9:37  
STATE  
TALLAHASSEE, FL

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

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

Palmetto Bay Discount Liquors 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 03/18/2024 and assigned  
Florida document number L24000134311.

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:

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>
AMBR	Matthew Bachan	17000 South Dixie Highway	<input type="checkbox"/> Add
		Miami Florida 33157	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Mabel Bachan	17000 South Dixie Highway	<input checked="" type="checkbox"/> Add
		Miami Florida 33157	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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STATE OF FLORIDA  
COUNTY OF MIAMI  
JAN 10 9:30 AM  
CLERK OF COURT

66411325 AM 9:37  
CHIEF STAT  
UNASSIGNED FL

7/24/88 2:25 AM 9:37  
STATE  
HOSSEFL

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.

2024

*W. B. Reed*

Ted Bachan

Typed or printed name of signee

**Filing Fee: \$25.00**