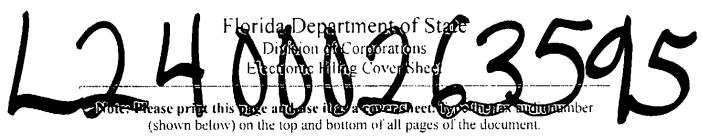
Division of Corporations



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**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8500

Fax Number : (323)389-0502

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

Email Address:\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BAHA SERVICES L.L.C.

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Help

## **COVER LETTER**

	stration Sec sion of Corp		·	·		
	BAHA SE	ERVICES L.L.C.				
SUBJECT: _		Name of Lim	ited Liability Company			
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return a	all correspor	ndence concerning this matter	to the following:			
		Mike Town				
			Name of Person			
		Legalzoom.com, Inc.				
			Firm/Company		الساد وتوبا مثلاً	20
		9900 Spectrum Dr				2024 JUL
		······	Address		AS AS	73
		Austin, TX 78717			SEC.	
		businezzminded@gmail.co	City/State and Zip Code		FLORI	PH 12: 48
		E-mail address: (	to be used for future annual report noti	fication)	⊃m	æ
For further inf	ormation co	ncerning this matter, please co	all:			
Mike Town			800 773-0888			
	Name of	Person		e Telephone Number		
Enclosed is a	check for the	e following amount:				
☐ \$25.00 Fil	ling Fee	S30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of State Certified Copy (additional copy is enc		
		NG ADDRESS:	STREET/COURI Registration Section			

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000263595</u>	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
BAHA Energy Solutions LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	**************************************	SECHETA AHA
		HAN F
		AHASSEE. FLOS
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		75. 75
		10 <b>6</b>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ter the name of the new
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	
	, Florida	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

MGR = Manager

AMBR = Authorized Member

\_\_ 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:

Title Name Address		Address	Type of Action		
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			C Remove		
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(If an effe	e date, if other than the date of filing:	nt to 605. t be liste	0207 (3)() d as the	b)
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 00th day after the record is filed.	e earlie	r of:	
	6/20/24			
Dated_	1 11			
	Signo are of a number or authorized representative of a member			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00