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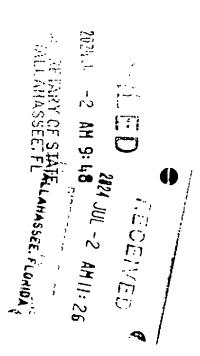
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COVER LETTER

Division of Co					
SUBJECT:	Baytna LL'	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	R	ami Z hSein Name of Person			
		Number of Ferson			
		Firm/Company			
	900	6 lasswade Dr			
		Address	<u> </u>		
	Tallat	asse, fL, 32312 City/State and Zip Code KSen (2 gma.).	7. C)		
		City/State and Zip Code		` ••	
	E-mail address: (1	When a gma, 1. to be used for future annual report notifica	tion)	5	\$2-4+ £
For further information of	concerning this matter, please ca	ıll:	SSEE.	Ā	D
Ramiz Name o	HSerior Person	at (248) 635-1 Area Code Daytime T	S90 PM elephone Number	84 :6 WY	
		,	,		
Enclosed is a check for t	he following amount:				
₹25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing For Certificate of S Certified Copy (additional copy is	tatus &	
		_			
Mailing Address Registration		Street Address: Registration Section	on		
Division of C		Division of Corpo			
P.O. Box 632	27	The Centre of Tall	lahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Trutua 1	Company as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>L 24000 2839 7</u> 4	pany were filed on $\frac{6/24/2024}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l 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 ADDRES	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	The second of the new registered fine address on our records, enter the name of the new registered
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>	Name	Address	Type of Action
AMBR	Scott Pickett	906 lassuade Dr	□ Add
		Talahassee FL 3231	2 PRemove
			Change
AMBR	Ramiz hser	706 lasswade Dr Tallahagger FL3	ØAdd
	KA MIE	Tallahassee FL3	Z □Remove
			□ Change
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ffective date, if other t an effective date is listed, the ote: If the date inserted in ocument's effective date	e date must be specific : in this block does no	and cannot be prio of meet the appli	cable statutory i	or more than 90 days	optional) after filing.) Pu , this date wil	rsuant to I not be	605.020 listed a
record specifies a delayed is filed.			ime, at 12:01 a.	m. on the earlier o	f: (b) The 90)th day	after the
nted July	2 nd	_, <u>_</u> aoa	<u> </u>				
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