L24 000 363 171

(Requestor's Name)
(Address)
(Àddress)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO:

Registration Section

Division of Cor	porations					
Baecht Con	sulting, LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The anclosed Articles of	Amendment and fee(s) are sub	unitted for filing				
		-				
Please return all correspo	indence concerning this matter	to the following:				
	Brad Baecht					
		Name of Person	.			
	Baecht Consulting, LLC					
		Firm/Company				
	19640 Tree Stand Terrace					
		Address				
	Loxahatchee, FL, 33470					
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·			
	brad@kkandw.com					
		to be used for future annual report no	infication)			
For further information c	oncerning this matter, please c	all:				
Brad Baecht	703 727-0964					
Name o	f Person	at () Area Code Daytii	me Telephone Number			
Enclosed is a check for th	ne 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 Addres		Street Address:				
Registration S Division of C		Registration Se				
P.O. Box 632			Division of Corporations The Centre of Tallahassee			
Tallahassee, l			oe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

appears on our records.) The Articles of Organization for this Limited Liability Company were filed on August 19, 2024 and assigned Florida document number L24000363171 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 "L.C." 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

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.

City

, Florida _

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	Brad Baecht	19640 Tree Stand Terrace	
		Loxahatchee, FL 33470	□Remove
			🗀 Change
			🗆 Add
			□Remove
			□Change
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Effective date, if other than the offerive date is listed, the date must Note: If the date inserted in this bloddocument's effective date on the Dep	ck does not meet	the applicab	date of filing of le statutory ti	more than 90 d ling requireme	_ (optional) ays after filing.) I ents, this date w	tursuant to 605,0207 (ill not be listed as t
e record specifies a delayed effective rd is filed.	date, but not an c	ffective tim	e, at 12:01 a.r	n, on the earli	er of: (b) The	90th day after the
Dated August 28th	20)24	. •			
	1					
	Signature of a mem	Bu Bu	ved provisionter	ive of a mombo	-	