# L24000379944

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
|   |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| Name Change<br>Signature 00623          |
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Office Use Only



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## **COVER LETTER**

#### TO: Registration Section Division of Corporations

Bane Technologies LLC

SUBJECT: \_\_\_\_

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:

Ohee Syed

Name of Person

Bane Technologies LLC

Firm/Company

9602 Blue Stone Circle

Address

Fort Myers, FL 33913

City/State and Zip Code

oheesyed18@gmail.com

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

For further information concerning this matter, please call:

Enclosed is a check for the 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> 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

| Bane Technologies LLC   |  |                       |  |  |
|---|--|-----------------------|--|--|
| ( <u>Name of the Limited Liability Compa</u><br>(A Florida Limited  | iny as it now appears on our records.)<br>Liability Company) |                       |  |  |
| ne Articles of Organization for this Limited Liability Company were filed on and assigned and assigned              |  |                       |  |  |
| This amendment is submitted to amend the following:   |  |                       |  |  |
| A. If amending name, enter the new name of the limited liab   | ility company here:  |                       |  |  |
| The new name must be distinguishable and contain the words "Limited Liabil  | lity Company," the designation "LLC" or the                  | abbreviation "L.L.C." |  |  |
| Enter new principal offices address, if applicable:   | 382 NE 191st St PMB 337219                                   |                       |  |  |
| (Principal office address MUST BE A STREET ADDRESS)   | Miami, Florida 33179-3899 US                                 |                       |  |  |
| Enter new mailing address, if applicable:   | 382 NE 191st St PMB 337219                                   |                       |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)  | Miami, Florida 33179-3899 US                                 |                       |  |  |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, <u>enter the na</u>                  | me of the new regist  |  |  |
| 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 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 |
|--------------|------|--|----------------|
|              |      | ·                                      | □ Add          |
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|              |      | <u>.</u>                               | Change         |
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| • | D. | f amending any other information, enter change(s) here: (Attach additional sheets, if necessar | y.) |
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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.

| Dated _ | October 20th | 2024   |   |
|---------|--------------|--|---|
|         |              | El-1   |   |
|         |              | Signature of a member of authorized representative of a member | - |
|         | Ohee Syed    |  |   |
|         |              | Typed or printed name of signee                                | - |



### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 14, 2024

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OHEE SYED 9602 BLUE STONE CIRCLE FORT MYERS, FL 33913



SUBJECT: BANE TECHNOLOGIES LLC Ref. Number: L24000379944

We have received your document for BANE TECHNOLOGIES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 824A00024900