## Florida Department of State

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### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

#### BALJIDIE LLC

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# COVER LETTER

TO: Registration Section of Corp.			i	
SUBJECT: BALJI	DIE, LLC		•	
SUBJECT:		ted Lisbility Company	:	<del>  </del>
			:	
The enclosed Articles of A	dae eu (2)est bas taembrom	mitted for filing.	1	7  -  -
Please return all correspond	lence concerning this matter	to the following;	:	
	Daniel J. Se	rber	•	(!  -  -  -
		Name of Person	;	
	Serber & As	sociates, P.A	۹.	
		Firm/Company		
	2875 NE 19	1st Street, S	uit	e 801
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	Aventura, Fl	_ 33180		
City/State and Zip Code info@serberlawfirm.com				i
		o be used for future entired for	port n	bulication)
For further information con	ecrning this matter, please ca	ll:	-	: :
Yolanda L. F	Fornaris	<sub>ut</sub> 305, 93	2-	6262
Name of F	erson	Arca Code	Day	omo Telephone Number
			.	
Enclosed is a check for the	following amount:			· :
\$25.00 Filing Foe	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Cordfied Copy (additional copy is onclose	: ed)	560.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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MAILING ADDRESS: Registration Section Division of Corporations P.O. Box. 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Chilon Building
2661 Executive Center Circle
Tallahassee, Fl. 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BALJIDIE LLC		;	
(Nume of the Limited Liabilin (A Planda	r Company as it a	ow appea	ra on our records.)
(त्र १) (साध्य	Committee Committee		
The Articles of Organization for this Limited Liability Co	ompany were fil	ed on 10	0/24/2008 and assigned
Florida document number L08000100141	_	:	
This amendment is submitted to amend the following:		:	
A. If amending name, enter the new name of the limit	ed liability con	upany be	ere:
The new name must be distinguishable and end with the words "Lim	ited Liability Com	puny," the	le lesignation "LLC" or the abbreviation "L.I.,C."
Enter new principal offices address, if applicable:		;	
(Principal office address MUST BE A STREET ADDRI	<u></u>	· .	
			:
Enter new mailing address, if applicable:		i	
(Mailing address MAY BE A POST OFFICE BOX)			1
present some district form	<del>,</del>		
•	<del></del>		
B. If amending the registered agent and/or registe	ered office add	dress on	our records, enter the name of the nev
registered agent and/or the new registered office address	ess here:	. ;	
Name of New Registered Agent:	<del></del>	; ;; ;;	:
New Registered Office Address:	·	, ,	
		Enter Flot	ida sreet address
			Florida
	City		Zip Code
New Registered Agent's Signature, if changing Registored	Agent:	. !!	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age heing filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete perform int as provided	ance of for in C	my duties, and I am familiar with and hapter 605, F.S. Or, if this document is
	if Changing Regi	sterion y h	ent, Signature of New Registered Agent
	Page 1 of 3		AUG -6 A RETARY OF AHASSEE. F

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member Type of Action Address <u>Title</u> <u>Name</u> 1925 SW 82ND CT MGR ESTEVANEZ, SEBASTIAN R MIAMI, FL 33155 **■** Remove 1925 SW 82ND CT MGR. ESTEVANEZ, ENRIQUE J □ Àdd MIAMI, FL 33155 🖪 Remove 1925 SW 82ND CT **MGR** ESTEVANEZ, DIEGO R DbA □ MIAMI, FL 33155 Romove 2875 NE 191st Street, Suite 801 AR S & A Company Management, ELC Aventura, FL 33180 □ Remove □ Remove D

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