

L130000076880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000329931070

05/30/19--01021--002 \*\*25.00

2019 JUN 17 9:36

Amend

JUN 17 2019  
I ALBRITTON!

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BATICAVE, LLC

\_\_\_\_\_  
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:

SUSANA STEFANO

\_\_\_\_\_  
Name of Person

BATICAVE, LLC

\_\_\_\_\_  
Firm/Company

151 CRANDON BLVD - Apt 735

\_\_\_\_\_  
Address

Key Biscayne, FL 33149

\_\_\_\_\_  
City/State and Zip Code

lrodriuezmoral@yahoo.com

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

For further information concerning this matter, please call:

Lorena Rodriguez Moral

786

942-3022

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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 ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

BATICAVE, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/28/2013 and assigned  
Florida document number L13000076880

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 "LLC" 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*

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ANSONIA SERVICES LIMITED	151 CRANDON BLVD - APT 735	<input type="checkbox"/> Add
		KEY BISCAYNE, FL 33149	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SUSANA STEFANO	151 CRANDON BLVD - APT 735	<input type="checkbox"/> Add
		KEY BISCAYNE, FL 33149	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	SUSANA STEFANO	151 CRANDON BLVD - APT 735	<input checked="" type="checkbox"/> Add
		KEY BISCAYNE, FL 33149	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	MARIA FLORENCIA SMITH	151 CRANDON BLVD - APT 735	<input checked="" type="checkbox"/> Add
		KEY BISCAYNE, FL 33149	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	CAMILA SMITH	151 CRANDON BLVD - APT 735	<input checked="" type="checkbox"/> Add
		KEY BISCAYNE, FL 33149	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

Suzana Jefferson  
Signature of a member or authorized representative of a member

Typed or printed name of signee