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21 KGV 12 PH 3: 16

T. MATTHEWS NOV 23 2021

COVER LETTER

TO:

TO: Registration S Division of Co			
BATICAV			
SUBJECT:		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SUSANA STEFANO		
		Name of Person	
	BATICAVE, LLC		
		Firm/Company	
	151 CRANDON BLVD -	ΑΡΤ 735	
		Address	
	KEY BISCAYNE, FL 331	49	
		City/State and Zip Code	
	lrodriguezmoral@yahoo.co	m (to be used for future annual report notification)	
For further information of	concerning this matter, please c		
Lorena Rodriguez Mora	I	786 942-3022 at ()	
Name c	of Person	at ()	
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee Certified Copy (additional copy is en	itus &
Mailing Addre		Street Address: Registration Section	
Registration Division of C		Registration Section Division of Corporations	
P.O. Box 632	27	The Centre of Tallahassee	
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 HOV 12 PH 3: 16

BATICAVE, LLC

company has been notified in writing of this change.

(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 $\frac{0.57}{1}$	28/2013	and assigned
Florida document number $\frac{1.13000076880}{}$.			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the d	esignation "LLC" or the abb	reviation "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)			
	<u> </u>		
B. If amending the registered agent and/or registered office a	ddress on our re	ecords, enter the name	of the new registers
agent and/or the new registered office address here:		evi do, <u>emer me</u> mame	or the new regimen
Name of New Registered Agent:	ш.	<u> </u>	
New Registered Office Address:			
	Enter Flor	ida street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pa being filed to merely reflect a change in the registered office of	performance of rovided for in C	my duties, and I am fa hapter 605, F.S. Or, i	miliar with and f this document is

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 ador removed from our records:

MGR = Manager AMBR = Authorized Member 21 HOW 12 PH 3: 16

<u>Title</u>	Name	Address	Type of Action
MGRM	ANSONIA SERVICES LIMITED	151 Crandon Blvd - Apt 735	
		Key Biscayne, FL 33149	≡ Remove
			□ Change
MGRM	SUSANA BEATRIZ STEFANO	151 Crandon Blvd - Apt 735	
		Key Biscayne, FL 33149	
			□Change
MGRM	MARIA FLORENCIA SMITH	151 Crandon Blvd - Apt 735	
		Key Biscayne, FL 33149	□Remove
			□Change
MGRM	CAMILA SMITH	151 Crandon Blvd - Apt 735	■ Add
		Key Biscayne, FL 33149	□ Remove
			□ Change
			□ Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change

rective date, if other than the date of filing: (optional) reflective 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 605.020 (optional) reflective 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 605.020 (optional) rective date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tunnent's effective date on the Department of State's records. 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 stiled.			21 KOM 12 PH 3: 16
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Susana Stefano	November 9	2021	
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Signature of a member or authorized representative of a member Susana Stefano	1	111	
Susana Stefano	Juana Je	yaces	
Susana Stefano	7	orgnature of a member or authorized rep	resentative of a member
	Susana Stefano		
Typed or printed name of signee			

Filing Fee: \$25.00