## 117000253595

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## **COVER LETTER**

TO:		istration Se ision of Cor					
cun	wer.	BadassGoaton a Disco Pill Creative LLC  Name of Limited Liability Company					
SUB,	JECT:						
The o	enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.			
Pleas	se return	all correspo	indence concerning this matter	to the following:			
			VeronicaMilchorena				
				Name of Person			
			Badas:Goaton a Disco Pi	ll.			
				Firm/Company 7501NE 2nd Ct. Apt. 2			
			7501 NE 2nd Ct. Apt. 2				
			Address				
			Miami, Florida33138				
				City/State and Zip Code	<del></del>		
		milcho@milcho.com  E-mail address: (to be used for future annual report notification)					
For f	urther in	formation co	oncerning this matter, please ca	·	,		
Verd	onicaMil	chorena		305 4959606 at ()			
		Name of	f Person	Area Code Daytimo	e Felephone Number		
Enclo	osed is a	check for th	ne following amount:				
<b>■</b> \$	525.00 Fi	lling 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)		
		Registra Divisio	ING ADDRESS: ation Section n of Corporations ox 6327	STREET/COURT Registration Section Division of Corpora Clifton Building	n		

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Badas:Goaton a Disco Pill CreativeLLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company	were filed on 12/12/17	and assigned
Florida document number L17000253595		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		FE
		B - 125
Enter new mailing address, if applicable:		<b>51</b>
(Mailing address MAY BE A POST OFFICE BOX)		1 7
		: of
		<del>2</del> 6
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our recor e:	rds, enter the name of the new
Name of New Registered Agent:		•
New Registered Office Address:		
	Enter Florida street add	ress
	,	Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr	ee to act in this capacity. I	further agree to comply with the

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>	Address	Type of Action
AR	Gabriela Diaz	5757 Collins Ave #1402	
		Miami Beach, Florida 33140	■ Remove
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			☐ Remove
			Change
			□ Add
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E. Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	must be specific and ca	u ine annueshie s	tatutory filing requir	ements, this date wil	rsuant to 605.0207 (3) I not be listed as the	(b)
	repartment of man	ic s records,				
the record specifies a dela	ed effective dat ecord is filed.	e, but not an	effective time, a	t 12:01 a.m. on	the earlier of:	
Dated 1/31	:	2018				
-	Signature of a men	nber or authorized	representative of a mer	nber	<u> </u>	
VeroincaMilchoren						
		ped or printed nam	e of signee		<del></del>	

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Filing Fee: \$25.00