L18000115648

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COVER LETTER

TO:	Registration Se Division of Cor		wa. r _a	4 <u>.</u>
	Division of Cor	poracions	· •	
SUBJI	ECT: BASECON	S LLC		
			nited Liability Company	
				202:
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	2023 JUE - 5
Please	return all correspo	ondence concerning this matter	to the following:	် က
		Edgard Nogueira Junior		A II
		Lagara Migaetta Jania.	Name of Person	- 5 2
		VIMA Business Complian	Firm/Company	
			rimic ompany	
		3520 Thomasville Road -	Suite 201-F	
			Address	
		Tallahassee, FL 32309		
		Tananassee, LL 32309	City/State and Zip Code	
		enogueira@vimabc.com		
		E-mail address: (to be used for future annual report noti	fication)
For fur	ther information c	oncerning this matter, please e	all:	
Edear	d Nogueira Junior			
		f Person	at (954) 865-8977 Area Code Daytim	e Telephone Number
Enclos	ed is a check for th	he following amount:		
= \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.
		Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
			(additional copy is electored)	(additional copy is enclosed)
Mailing Address:			Street Address:	
	Registration S Division of C		Registration Sec Division of Cor	
	P.O. Box 632		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BASECONS LLC			
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on (ted Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Comp.	any were filed on May 08	. 2018	নে ক্লা assigned
Florida document number L18000115648			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	liability company here:		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designa	ation "LLC" or the abbi	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our recor	ds, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida st	reet address	
		. Florida	
± · 		, Florida	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>	<u>Name</u>	Address	Type of Action
AMBR	Malcon Anderson Tafner	3520 Thomasville Road, Suite 201-F	∃Add
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		-	□Change
			∐Add
			□Remove 20123 - □ □Change
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ective date, if other t	han the date of filin	g: June 30,2023		(optiona	d)	
effective date is listed, the e: If the date inserted ument's effective date	date must be specific an in this block does not	d cannot be prior to date meet the applicable s				
cord specifies a delayed s filed.	l effective date, but no	t an effective time, a	(12:01 a.m. on the ear	lier of: (b)	The 90th	day after t
ed June 30		2023	<u>L</u>			
	Sign#fire of a	member or authorized	representative of a memb	er		