## L22 000042009

(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



900387173039

05/10/22--01012--004 \*\*25.00

CIVISION OF CORPORATION

T. MATTHEWS

JUL -8 2022

## **COVER LETTER**

TO: Registration S Division of Co					
CALLS ARROWS	IILES, LLC				
SUBJECT:Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	ROSANGELA BARO				
	Name of Person				
	BARO SMILES, LLC				
Firm/Company					
	4310 SW 5TH TERRACE				
		Address			
	CORAL GABLES, FL 33	134			
		City/State and Zip Code			
	barorosangela98@gmail.co				
For further information of	r-mail address: ( concerning this matter, please c	to be used for future annual report not all:	ification)		
ROSANGELA BARO		786 502-1998			
Name of Person			ne Telephone Number		
Enclosed is a check for t	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		Street Address: Registration Se	ection		
Division of Corporations		Division of Co	Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee		
Tallahassee, FL 32314		Z413 N. MONTO	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

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



22 MAY 10 PM 1: 13

BARO SMILES, 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 Compar	ny were filed on 01/24/2022	and assigned
Florida document number L22000042009		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>nt:</u>	

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>	Name	<u>Address</u>	Type of Action
MGR	BARO, ROSANGELA	4310 SW 5TH TERRACE	
		CORAL GABLES, FL 33134	□Remove
			■Change
			□Add
			□Remove
		<del></del>	☐ Change
		<del></del>	DAdd
			□Remove
			□Change
			□Add
			□ Remove
			[]Change
		<del></del>	
			Remove
			□Change
			□Add
		<del> </del>	□Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. Dated MAY 4TH 2022 Signature of a member or authorized representative of a member ROSANGELA BARO

Filing Fee: \$25.00

Typed or printed name of signee