P 1/3

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

un munuer : (000) 011 050

From:

Account Name : START BIZ HERE INC.

Account Number : I20090000101 Phone : (630)554-2448

Fax Number : (630)689-0959

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Nelsonrincon Obyllsouth . NET

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BAJ INVESTMENTS, LLC

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Certified Copy	1
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J. BRYAN

NOV 1-c 2009

EXAMINER 11/13/2009

Electronic Filing Menu

Corporate Filing Menu

2009-11-13 15:44

Start Biz Here Inc.

5305651592>> 850-617-6381

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAJ INVESTMENTS, LLC



(A Florida Limited Liability Company)	9	
The Articles of Organization for this Limited Liability Company were filed on	03/10/2004	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company he	re:	
BAJ INVESTMENTS, LLC		
The new name must be distinguishable and end with the words "Limited Liability Comp"L.L.C."	pany," the designation "LL	.C" or the abbreviation
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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	our records, enter th	e name of the new
	nter Florida street addre	ess
•		

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 608, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Giuseppe Cecinato	12815 N.W. 45TH AVE., 6-B OPA LOCKA, FL 33043	Add Remove
			Add Remove
	1		Add Remove
			Add Remove
			Add Remove
		hange(s) here: (Attach additional sheets, if necessary	O9 NOV 13 AM 8: 33 SECRETARY OF STATE TALLAHASSEE. FLORIDA
Dated	November 11	2009	
		imber or authorized representative of a member	
	Nelson E F	Rincon, authorized rephase flative yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00