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*2019 SEP -9 MM 9: 0
**ALL AHASSEE, FLORE

** SULKER SEP 1 7 2019

COVER LETTER

	gistration Security vision of Cor			
end lezt.		YLARIAN BLVD LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	ed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Manuel Barrio		
		·	Name of Person	
		1841 BAYLARIAN BLV	D LLC	
			Firm/Company	
		1405 S Orange Ave. Ste I	307	
			Address	
		ORLANDO, FL 32806		
		-	City/State and Zip Code	
		manuel.barrio@gmail.com		
r. c 1			to be used for future annual report notifi	ication)
For lurther	information co	oncerning this matter, please co	ail:	
Manuel Ba	аттіо		321 888-0509 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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)

Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1841 BAYLARIAN BLVD LLC		
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our records.) forida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number	lity Company were filed on02/05/2016	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable	2:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	20 9 5/IC
D 16 li 4bi-4d4l/		PAR SHAPE
registered agent and/or the new registered office	registered office address on our records, <u>enter</u> : <u>address here</u> :	M.C
Name of New Registered Agent:		
Name of New Kegiştered Agent.		8
New Registered Office Address:	Enter Florida street address	·····
	Florida	
	City:	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 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
AMBR	Giallombardo, Mauro	PO Box 671, Windermere FL 34786	= Add
			Remove
			□ Change
AMBR	Gonzalez, Patricio Hernan	PO Box 671, Windermere FL 34786	
			Remove
			Change
AMBR	Alonso Costela. Mario Virgilio	PO Box 671. Windermere FL 34786	■ Add
			□ Remove
			Change
AMBR	Gondell, Bruno Antonio	PO Box 671, Windermere FL 34786	Add
			□ Remove
			□ Change
			Remove
			☐ Change
			
			□ Remove
			Change

							
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Note: If th	late, if other the date is listed, the deduction date inserted in seffective date of	this block does	not meet the app	olicable statutory	or more than 90 d filing requireme	_ (optional) ays after filing.) Purst nts. this date will n	iant to 605,0207 of be listed as
The 90t	h day after th	ne record is fi	led.		ve time, at 1	2:01 a.m. on th	ne earlier of:
	Sople	mber 5					
Dated			/ 2000				
Dated		Sionature	of thember by a	uthorized represent	ative of a mambar		

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Filing Fee: \$25.00