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SECRETARY OF STATE
AND A HASSEE, FLORID

J. BRYAN

JUN 24 2011

**EXAMINER** 

## **COVER LETTER**

TO:	Registration So Division of Co				
SHRIE	ЕСТ:	THE BALT	AR GROUP, LLC.		
30000			ited Liability Company	<del> </del>	
The end	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
		ondence concerning this matter			
			EDUARD A BALTAR		
			Name of Person		
		ТН	E BALTAR GROUP LLC		in the same
			Firm/Company		質量啊
		2050 W	EST 56 STREET, SUITE 20		FILED 11 JUN 23 AH II: 21 SECRETARY OF STATE ALLAHASSEE. FI OMIN
			Address		SHE TO
			HIALEAH/FL/33016		Fish E
		5	City/State and Zip Code		REFERENCE PARTY
		E-mail address: (	UARD17@AOL.COM to be used for future annual report notificati	ion)	
For fur	ther information of	concerning this matter, please of	call:		
	EDUA	ARD A BALTAR	(11)	2-4582	
	Name o	of Person .	Area Code & Daytime Te	elephone Number	
Enclose	ed is a check for t	he following amount:			
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee. Certificate of Sta Certified Copy (additional copy	atus &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations ox 6327	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE BA	LTAR GROUP, LLC	•	
( <u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appear a Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability  Florida document number	Company were filed on	08/01/2005	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company her	<u>e</u> :	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			50 -
(Principal office address MUST BE A STREET ADD	ORESS)		50 E T
			N 23 I
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			1: 21 100 Prim
B. If amending the registered agent and/or registered agent and/or the new registered office ad  Name of New Registered Agent:		ur records, <u>enter t</u>	he name of the new
New Registered Office Address:			
nen registeres Office readings.	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 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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ENRIQUE BALTAR	P.O BOX 825261 SOUTH FLORIDA, FL 33082	Add ✓ Remove
MGR	EDUARD A BALTAR	P.O. BOX 825261 SOUTH FLORIDA, FL 33082	Add Remove
<del></del>			Add Remove
<del></del>	<u> </u>		Add Remove
			Add Remove
<del></del>			Add Remove 
D. If amendin	ng any other information, enter change(	s) here: (Attach additional sheets, if necessary.)	_
			11 JUN 2 SECRETAL SALLAHASS
  Dated	JUNE 19 . 201 <sup>2</sup>	1	ILED 23 MHII: 21 SEFFE STATE
	Ma		TF 22
_	EDUÁ	authorized representative of a member	
	Typed or	printed name of signee	

Page 2 of 2

Filing Fee: \$25.00