L08000084776

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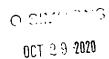
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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 17, 2020

ALEXANDRE SUAREZ 45 EAST 9 CT HIALEAH, FL 33010

SUBJECT: SUAREZ-BASTER & ASSOCIATES LLC

Ref. Number: L08000084776

We have received your document for SUAREZ-BASTER & ASSOCIATES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Chapter 605, Florida Statutes, does not allow limited liability companies to issue shares or stock. Consequently, limited liability company documents cannot contain any references/terms which may implicate otherwise. Please delete any references to terms such as "shares," "stock," "stockholders," "shareholders" or the like from your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 020A00020547

Octavia L Simmons
Regulatory Specialist II Supervisor

www.sunbiz.org

COVER LETTER

то:

TO: Registration So Division of Co			
	BASTER & ASSOCIATES LL	С	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SUAREZ, ALEXANDRE		
		Name of Limited Liability Company fee(s) are submitted for filing. Ing this matter to the following: LEXANDRE Name of Person Firm/Company T. Address FL 33010 City/State and Zip Code REZ-BASTER.COM small address: (to be used for future annual report notification) atter, please call: at (Area Code Daytime Telephone Number unt: ng Fee & S55.00 Filing Fee & S60.00 Filing Fee,	
		Firm/Company	
	45 EAST 9 CT		
		Address	
	HIALEAH, FL 33010		
	ALEX@SUAREZ-BASTE		uniform)
For further information of	concerning this matter, please c		initication)
SUAREZ, ALEXANDR	RE		
Name o	of Person		me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
<u>Mailing Addre</u> Registration			action
Division of 0			
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUAREZ-BASTER & ASSOCIATES LLC

2420 U. 35 111 2:51

(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 Company were filed on $\frac{09/05/2008}{}$ and assigned Florida document number L08000084776 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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
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			□Remove
			□Change
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			Change
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			□Remove
			□Change

100% OWNERSI	IIP OF SUAREZ-BAS	TER AND ASSO	OCIATES LLC, W	HILE ROMERO,M	ARIA	
WILL REMAIN V	VITH TITLE OF MAN	NAGER BUT W	TLL HAVE 0% O	WNERSHIP OF		
SUAREZ-BASTE	R AND ASSOCIATES	LLC				-
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an effective date is listed, lote: If the date inserte	r than the date of fili the date must be specific a d in this block does not te on the Department of	nd cannot be prior t meet the applic	to date of filing or me able statutory filing	ore than 90 days after f g requirements, this	iling.) Pursuant to 605	5,0207 (ed as :
record specifies a delay Lis filed.	ed effective date, but n	ot an effective ti	me, at 12:01 a.m. o	on the earlier of: (b)	The 90th day afte	r the
ated OCTOBER 20		2020	·			
	//		/			
			orized representative			

Filing Fee: \$25.00