## L090000068555

(Requestor's Name)				
(Address)				
(1881555)				
(Address)				
(City/State/Zip/Phone #)				
, , , , ,				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
,				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Opecial instructions to 1 ming officer.				





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B. KOHR
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EXAMINER

SECRETARY OF STATE COMPORATIONS

10 NOV 12 PM 12: 38

## **COVER LETTER**

TO: Registration S Division of Co	
SUBJECT:	Name of Limited Liability Company  Amendment and fee(s) are submitted for filing.  Ondence concerning this matter to the following:
Sebucer.	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all corresp	ondence concerning this matter to the following:
	CRISTINA VASQUEZ-
	CARDINAL DEVELOPMENT
	848 Brickell Ave \$200
	Mi Ami, FL 33131
	Chisting and Zip Code Child in Al develop. Com  E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please call:
Calistina	VASQUEZ 305, 536-1490
Name	of Person Area Code & Daytime Telephone Number
Enclosed is a check for	
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Regis Divis P.O. I	STREET/COURIER ADDRESS: tration Section on of Corporations Division of Corporations Cox 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF	~ %%.		
BA 3	504 LLC	our records.)		
(Name of the Limited Liah (A Flor	pility Company as it now appears on rida Limited Liability Company)	our records.		
The Articles of Organization for this Limited Liabili Florida document number LO9 0006855	$\nabla$	1500 and assigned		
This amendment is submitted to amend the followin	g;			
A. If amending name, enter the new name of the	limited liability company here:			
The new name must be distinguishable and end with 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 A)	$(\Delta_i, \Delta_i, \Delta_i)$	ichell Ave \$200 \$2 33131		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	848 BB MANNI	ichell Ave #200 FL 33131		
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:				
1				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter l	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action Title Address** Name 1 Annette Schiffen Marciano Remove ☐ Add Remove ☐ Add ☐ Remove Add Remove  $\square$ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member BRUNO LUNGHI
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00