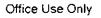
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(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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COVER LETTER

Division o	f Corporations		
) INVESTMENTS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Article	es of Amendment and fee(s) are sub	mitted for filing.	
Please return all cor	respondence concerning this matter	to the following:	
	GLAUCIA BASTOS		
		Name of Person	
	THE TRUST CIRCLE S	ERVICES,LLC	
		Firm/Company	
	1001 EAST SAMPLE RO	OAD 10E	
		Address	
	POMPANO BEACH, FL	ORIDA 33064	
	ATENDIMENTO@THETI		
		to be used for future annual report notif	ication)
For further informat	ion concerning this matter, please co	all:	
GLAUCIA BASTO	os estados esta	954 864-7884 at ()	
N:	ame of Person	Area Code Daytime	: Telephone Number
Enclosed is a check	for the following amount:		
\$25.00 Filing Fo	ee S30.00 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)
M	AILING ADDRESS:	STREET/COURL	ER ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

BACO INVESTMENTS, LLC		ن
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	6
The Articles of Organization for this Limited Liab Florida document number L10000084288	ility Company were filed on 08/11/2010	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, en	ater the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	- .
	, Florid	aZip Code
	CID	ъул сила

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Talitha Rozeira Sorio	5900 Collins Avenue 1408	⊒ Add
		Miami Beach, FL 33140	□ Remove
		- · · · · · · · · · · · · · · · · · · ·	Change
			Add
			□ Remove
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Note:	ve date, if other the ctive date is listed, the late inserted in ent's effective date of the date of the late of t	in this block does i	not meet the app	licable statutory	or more than 90 da filing requireme	(optional) sys after filing.) Purs nts, this date will t	uant to 605.0207 (not be listed as t
	ord specifies a c 90th day after t			not an effecti	ve time, at 12	2:01 a.m. on t	ne earlier of
Dated <u></u>	August 22nd		2019				
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		thi. I	A K				
		/10 Ve	Transaction of	ala california	tative of a member		

Page 3 of 3

Filing Fee: \$25.00