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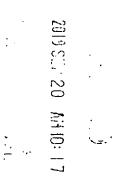
(Re	questor's Name)	
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R. WHITE OCT 0 3 2019

COVER LETTER

	Registration Sec Division of Corp			
aun in c		ESTMENTS, LLC		
SUBJEC	::	Name of Limi	ited Liability Company	
		Amendment and fee(s) are subtendence concerning this matter to	·	
	, , , , , , , , , , , , , , , , , , ,	GLAUCIA BASTOS	8	
			Name of Person	
		THE TRUST CIRCLE SE	ERVICES,LLC	
			Finn/Company	
		1001 EAST SAMPLE RO	OAD 10E	
			Address	
		POMPANO BEACH, FLO	DRIDA 33064	
-			City/State and Zip Code	
		ATENDIMENTO@THETF		
		E-mail address: (t	o be used for future annual report notifi	cation)
For furth	er information co	oncerning this matter, please ca	dl:	
GLAUC	IA BASTOS		954 864-7884 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	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)

MAILING ADDRESS:

TO:

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

STREET/COURIER ADDRESS:

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	2019 8171 9	0 /10:17
(<u>Name of the Limited Liabilit</u> (A Florida	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Corollary	ompany were filed on 08/11/2010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited 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 ADDR	ESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	· -	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	Citv	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>	Name	Address	Type of Action
AMBR	Talitha Rozeira Sorio	5900 Collins Avenue 1408	
		Miamì Beach, FL 33140	■ Remove
			☐ Change
			□ Add
			Remove
			Change
·			□ Add
			□ Remove
			☐ Change
			Add
			Remove
			Change
~			□ Add
			Remove
			Change
			Add
			□ Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
September 07th 2019
Dated
CANA TO THE REST OF THE PARTY O
Signature of a member or authorized representative of a member
RUBEN D DAPEŅA

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00