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SECRETARY OF STATE
ALLAHASSEE FI MIII.

COVER LETTER

Division of Co							
SUBJECT:	Balto ł	Holdings, LLC					
	Name of Lim	ited Liability Company					
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.					
Please return all corresp	oondence concerning this matter	r to the following:					
		Carlos M. Samlut, CPA					
		Name of Person					
Samlut & Company							
Firm/Company							
550 Biltmore Way, STE 200							
		Address	•				
Coral Gables, FL 33134 City/State and Zip Code							
							E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please	·	•				
Ca	rlos M. Samlut	at (_305)	461-9518				
Name	at ()		me Telephone Number				
Enclosed is a check for	_						
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				

MAILING ADDRESS:

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

The Articles of Organization for this Limited Liability Company were filed on	(Name of the Limite	Balto Holo d Liability Comp A Florida Limited	lings, LLC any as it now ap Liability Compa	opears on our records.)	
A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: N/A New Registered Office Address: N/A Enter Florida street address Florida Zip Code			y were filed on	January 14, 201	1 and assigned
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 ADDRESS) Enter new mailing address, if applicable: (Malling 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: N/A New Registered Office Address: N/A	This amendment is submitted to amend the following	llowing:			
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LL.C" 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: N/A New Registered Office Address: N/A	A. If amending name, enter the new name	of the limited lia	bility company	<u>/ here</u> :	
**Enter new principal offices address, if applicable: N/A (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: N/A Enter new mailing address, if applicable: N/A (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: N/A New Registered Office Address: N/A		N/A	A		
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: N/A		rith the words "Lin	nited Liability Co	ompany," the designation	"LLC" or the abbreviation
Enter new mailing address, if applicable: (Mailling 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: N/A	Enter new principal offices address, if appli	N/A			
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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: N/A	Enter new mailing address, if applicable:		N/A		
Name of New Registered Agent: New Registered Office Address: N/A New Registered Office Address: N/A	(Mailing address MAY BE A POST OFFICE BOX)				ORDER OF
New Registered Office Address: N/A	registered agent and/or the new registered of	office address he		on our records, <u>enter</u>	the name of the new
Enter Florida street address City Zip Code	Name of New Registered Agent.				
City Zip Code	New Registered Office Address:	N/A		Enter Florida street ad	ldress
City Zip Code				Warida	
New Registered Agent's Signature, if changing Registered Agent:		#-#F-#1-11-11-11-11-11-11-11-11-11-11-11-11-	City	, Florida _	Zip Code
AAL CARBUTAL TO TO THE SECOND ME SE ANIMAL SERVICE AND TAKE THE SECOND ASSESSED.	New Registered Agent's Signature, if changing	Registered Agent	<u>:</u>		

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 <u>Address</u> Type of Action Title Name Juan J. Rodriguez MGR 550 Biltmore Way, STE 200 Coral Gables, FL 33134 ☑ Add Remove Paula Solari MGR 550 Biltmore Way, STE 200 Coral Gables, FL 33134 ✓ Add Remove ☐ Add Remove Add Remove ∏Add Remove ∐Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00