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D. BRUCE

MAY 1 4 2012

EXAMINER

COVER LETTER*

TÓ:	Registration S Division of Co		t				
SUBJE	СТ:	Bat	taVest LLC				
20 20 2	Name of Limited Liability Company						
		of Amendment and fee(s) are su	•				
Please r	eturn all corres	oondence concerning this matter	r to the following:				
			Jimmie Harris Name of Person				
			Name of Ferson				
			BataVest LLC		_		
	Firm/Company						
	2401 W. 6th Court						
	Address					12	
			Hialeah, FL 33010		LA A	**************************************	- Till
	City/State and Zip Code				ASS	¥	***************************************
		bo	onehar@bellsouth.ne to be used for future annual rep	t	Y OF SEE. F	PH	ļ,
r c			•	ort notification)	F ST	.∵ ∓	O
ror turti	ner information	concerning this matter, please of	call:		STATE	47	
		immie Harris	at (305)	887-2745	<i>></i>	_	
	Name	of Person	Area Code &	Daytime Telephone Numb	per		
		the following amount:					
₹ 25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	enclosed) Certifi	filing Fee cate of St ed Copy onal copy	atus &	
	Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	Registratio Division of Clifton Bui	f Corporations			

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited)	BataVe: Liability Compa Florida Limited L	st LLC ny as it now appears on Jiability Company)	our records.	
The Articles of Organization for this Limited Lia Florida document number		were filed on Ap	ril 25, 2012	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company," t	he designation "	LLC" or the abbreviation
Enter new principal offices address, if applica	1581 W. 49th Stre	eet #126	4	
(Principal office address MUST BE A STREET	ADDRESS)	Hialeah, FL 33012	2	Do:
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	: <u>ox</u>)	1581 W. 49th Stre Hialeah, FL 33012		FILED CHETARY DF STA
B. If amending the registered agent and/or registered agent and/or the new registered offi			ecords, enter	the name of the new
•	1581 W 49t	th Street #126		
New Registered Office Address:			orida street ada	Iress
		Hialeah	, Florida	33012
				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 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>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add Remove
			Keniove
			Add Remove
			Add Remove
			Add
			Domosio.
	***************************************		Add
	nding any other information, enter chang Please update all managers address	e(s) here: (Attach additional sheets, if necessar	y.)
		-	Por -
<u>1</u>	581 W. 49th Street #126, Hialeah, F	FL 33012	12 M
_			1 5 P
		LOR	E C
Dated	May 7,20	012	87
	Tring H		;
	-	or authorized representative of a member	
		Jimmie Harris	
	l vned	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00