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## **COVER LETTER**

TO: Registration Section
Division of Corporations

BAE NEGOCIOS INTERNACIONALES LLC.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jose Martinez

Name of Person

BAE NEGOCIOS INTERNACIONALES LLC.

Firm/Company

10305 NW. 41st Street Suite 219

Address

Doral, Fl. 33178

City/State and Zip Code

joseusa@me.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roberto Di Lena

 $_{at}(305)471-5874$ 

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 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:** 

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**

## BAE NEGOCIOS INTERNACIONALES LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number L12000098058	were filed on <u>07/30/2012</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designa	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:	10305 NW. 41st Street Sui	te 219 Doral, Fl. 33178
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10305 NW. 41st Street Sui	te 219 Doral, Fl. 33178
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
	, Flori	
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code

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>Title</u>	<u>Name</u>	Address	Type of Action	
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amending any of	ther information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
May 13	2013 1
	1 de Mus
	Signature of a member or authorized representative of a member
	BAUL D OLMOS
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00