Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000257180 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP

Account Number : 120120000055 Phone

; (407)898-1757

Fax Number

·; (407)897-5336

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Fmail	Address:			
CMAIL	AUDITESS:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

BACZ INVESTMENT LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

Electronic Filing Menu

Corporate Filing Menu

Help B. BOSTICK H140002571803

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	BACZ INVESTMENT LLC	
SUBJE	Name of Limited Liability Company	············
The enc	losed Articles of Amendment and fec(s) are submitted for filing.	
Please re	eturn all correspondence concerning this matter to the following:	
	DOMINGOS CASARIN	
	Name of Person	
	BACZ INVESTMENT LLC	
	Firm/Company	Moreover .
	8938 MAJESTY PALM RD	***
	Address	
	KISSIMMEE, FL 34747	2914 NOV -
	City/State and Zip Code	
	OPERATIONS@ABKCORP.COM	
	E-mail address: (to be used for future annual report notification)	-g-n 🗩
For furt	her information concerning this matter, please call:	
	ANDREA PINE 407 898-1757	D: 12 TATE ORIBA
<u></u>	Name of Person Area Code Daytime Telephone Nut	nber
Enclose	d is a check for the following amount:	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

□ \$25.00 Filing Fee

■ \$30.00 Filing Fee &

Certificate of Status

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

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

H14000257180 3

☐ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

o: Page 4 of 6

2014-11-04 17:28 46 (GMT)

H140002571803

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. <u>C</u>	
(appears on our records.)	
on 02/11/2013 an	d assi gne d
any here:	
A STATE OF THE STA	2
iy," the designation "LLC" or the abbrevia	ion "L.L.C."
	2
قباقيا واراق	1
32. 42 11. 42	
_a''\ 근''	g G
Em E	2
ess on our records, enter the na	ame of the
	· · ·
nter Florida street address	
, Florida	
Zip	Code
	any here: any here: iv," the designation "LLC" or the abbrevial control of the abbrevial contr

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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

Page 1 of 3

H140002571803

4140002571803

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CASARIN, LUIS DOMING	8938 MAJESTY PALM RD	Add
		KISSIMMEE, FL 34747	☐ Remove
			□ Add
			☐ Remove
	- 		Add
			☐ Remove
		7	CA DAdd I
		ا دسم	
			□ Remove
			Add
			□ Remove

Page 2 of 3

H14000257180 3

H14000-2571803

. If amending any other information	s, enter change(s) here: (Attach aa	lditional sheets, if necessary.)
<u> </u>		<u> </u>
		, ,
, 		,
, 		
Effective dute, if other than the dat	te of filing:	(optional)
Effective date, if other than the dat (The effective date must be specific, cannot be the date this document is filed by the Florida	te of filing: e prior to date of receipt on filed date and car a Department of State)	(optional)
the date this document is filed by the Florida	te of filing: e prior to date of receipt or filed date and car a Department of State) 2014	(optional) nnot be more than 90 days after
the date this document is filed by the Florida NOVEMBER 04 Dated	2014	
the date this document is filed by the Florida NOVEMBER 04 Sign	a Department of State) 2014 nature of A member or authorized represent	rative of a member
Dated NOVEMBER 04	2014	rative of a member

Page 3 of 3

H140002571803