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Office Use Only



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R. WHITE FEB 0 4 2020

## **COVER LETTER**

TO: Registration Division of C	i Section Corporations		
	INVESTMENTS LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	CESARINA LUGO		
		Name of Person	
	EAGLE CORPORATE SE	ERVICES	
		Firm/Company	
	444 BRICKELL AVE. SU	FTE P-41	
		Address	
	MIAMI FL, 33131		
	CORPORATE@EAGLEIN	City/State and Zip Code	
	li-mail address: (	to be used for future annual report i	notification)
For further information	on concerning this matter, please c	all:	
CESARINA LUGO		786 5352628	
Nan	ne of Person	at () Area Code Day	time Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Add</u>		Street Address	=
Registratio Division o	f Corporations	Registration : Division of C	
P.O. Box 6			f Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAZO INVESTMENTS LLC	2020 UNI - 9 PM 4: 16
(Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi Florida document number L14000034673	ility Company were filed on and assigned
This amendment is submitted to amend the followi	ing:
A. If amending name, enter the new name of th	e limited liability company here:
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:
(Principal office address MUST BE A STREET A	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u></u>
B. If amending the registered agent and/or registered office address h	stered office address on our records, <u>enter the name of the new registered</u> nere:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
-	Florida  City 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 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ARTHUR KULICK	936 SW 1 Avenue #316 Miami, FL 33130	□Add
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Tective date, if other than the date in effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Department.	c does not meet the applicabl	date of filing or more than 9 e statutory filing require	(optional) 0 days after filing.) Pursuant to 6 ments, this date will not be 1	505.0207 isted as
ecord specifies a delayed effective d is filed.	ate, but not an effective time	at 12:01 a.m. on the ca	rlier of: (b) The 90th day a	fter the
DECEMBER 5TH	2019			
	$\forall$			