

L14000057807

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CORP USA
Account Number : 072450003253
Phone : (305) 634-3694
Fax Number : (786) 409-5946

Enter email address for this business entity to be used for future and/or report mailings. Enter only one email address please.**

Email Address: _____

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14 AUG 26 AM 6:40

DIVISION OF CORPORATIONS
BUREAU OF BUSINESS & SPECIAL
INFORMATION SERVICES

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BASO USA, LLC**

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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AUG 27 2014

T. HAMPTON

H1400020029

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Baso USA, 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:

Santiago Baron

Name of Person

Baso USA, LLC

Firm/Company

350 S Miami Ave, Apt 1404

Address

Miami, FL 33150

City/State and Zip Code

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

For further information concerning this matter, please call:

Santiago Baron

Name of Person

at ()

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**

Baso USA, 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 were filed on 04/08/2014 and assigned
Florida document number L14000057807

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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:

350 S Miami Ave Apt 1404

(Principal office address MUST BE A STREET ADDRESS)

Miami FL 33150

Enter new mailing address, if applicable:

350 S Miami Ave Apt 1404

(Mailing address MAY BE A POST OFFICE BOX)

Miami FL 33150

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:

New Registered Office Address:

Enter Florida street address

City Florida

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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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14 AUG 26 AM 9:36
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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager
Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Alejandro Baron	2600 NW 75th Ave #100	☒ Add
		Miami FL 33122	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐

Page 2 of 3

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

Signature of a member or authorized representative of a member

Santiago Baron

Typed or printed name of signer

Page 3 of 3

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