L1400007 FR67

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

Division of Corp	orations		
SUBJECT: Bazco	or USA, LLC		
Sebacet.	Name of Limi	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
·	Richard P. Z	Zaretsky, Esq.	
		Name of Person	
	Richard P. Z	Zaretsky, P.A.	
		Firm/Company	
	1615 Forum	Place, Suite 3-A	L
		Address	
	West Palm E	Beach, FL 33401	
		City/State and Zip Code	
	shetzel@florida-c	counsel.com o be used for future annual report notific	eation)
For further information co	ncerning this matter, please ca	·	
Richard P. 2	-	561 \ 689-66	860
Name of		at ()	Telephone Number
		·	•
Enclosed is a check for the	e 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:

TO:

Registration Section

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

Bazcor USA, LLC			
(Name of the Limi	ted Liability Compar (A Florida Limited L	ny as it now appears on our records.) liability Company)	
The Articles of Organization for this Limited L Florida document number <u>L14000078963</u>	iability Company	were filed on May 15, 2014	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liabi	lity company here:	
Bazcor LLC			
The new name must be distinguishable and end with the	words "Limited Liabi	ility Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	=
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and registered agent and/or the new registered o			er the name of the new
Name of New Registered Agent:	N/A	:	€ For →
Name of New Registered Agent.			
New Registered Office Address:		Enter Florida street address	
			SS 7
		, Florida _ , City	-Zip Code ^k
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as registere provisions of all statutes relative to the prop	ed agent and agre	ee to act in this capacity. I further of	agres to comply with the
provisions of all statutes relative to the propaction as region as regional being filed to merely reflect a change in the	istered agent as p	provided for in Chapter 605, F.S. C	Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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

MGR = Manager

<u> itle</u>	<u>Name</u>	Address	Type of Action
	N/A		
			Remove
			□ Add
			□ Remove
			
			☐ Remove
•			Add
			. Ø □ Remove
			ALLANIA
			Remove ALLANASSEC Add ACSSEC ADD TO THE PROPERTY OF THE PRO
			On The Remove
			Remove
			Add
		Section 1	□ Remove

N/A	er mormation, enter t	mange(s) nere. (Anden	additional sheets, if necessary.)
	, t		
<u></u>			
The effective date must be	er than the date of filin specific, cannot be prior to di filed by the Florida Departme	ate of receipt or filed date and o	(optional) annot be more than 90 days after
Dated May 19		_2014	
	any		
Picha		member or authorized represe	
Nichai	d P. Zaretsky	Typed or printed name of sign	

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Filing Fee: \$25.00

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TALL MASSEF, FLORID.