L140000 78963

. (Re	questor's Name)	
(Ad	dress)	
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SECRETARY OF STATE

JUL 01 2016 S. YOUNG

COVER LETTER

TO: Registration S Division of Co			
BAZCOR	LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Angelo Bazzani		
		Name of Person	
	BAZCOR LLC		
		Firm/Company	
	6834 Finamore Circle		16 Juli 30
		Address	
	Lake Worth FL 33467		
		City/State and Zip Code	
	bazeor@bazcor.com		
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report	notification)
Angelo Bazzani	concerning this matter, prease e	561 827 254	7
		at ()	
Name (of Person	Area Code Da	ytime Telephone Number
Enclosed is a check for t	he 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)
Regist	ING ADDRESS: ration Section on of Corporations	Registration Se Division of Co	rporations
P.O. Box 6327 Tallahassee, FL 32314		Clifton Buildir 2661 Executive Tallahassee, Fl	e Center Circle

TO ARTICLES OF ORGANIZATION **OF**

BAZCOR LLC		
(Name of the Limited I. (A f	iability Company as it now appears on our re Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liabi	lity Company were filed on	and assigned
Florida document number L14000078963		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	7.5
		SO (1)
Enter new mailing address, if applicable:	-	<u> </u>
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		ords, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
-		
_	City	_, Florida 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 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	LAURO BIANDA	6834 Finamore Circle	
		Lake Worth, FL 33467	Remove
		 	Change
MGR	ANGELO BAZZANI	Salita delle Ginestre 14	Add
		CH-6900 Lugano - Switzerland	□ Remove
			Change
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Effective date, if other than the date of the date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	specific and cannot be price does not meet the appli	cable statutory filing	(optional) re than 90 days after filing.) requirements, this date v	Pursuant to 605.0207 will not be listed as
ne record specifies a delayed ef The 90th day after the record		ot an effective th	ńe, at 12:01 a.m. o	on the earlier of
30th of June Dated	, 2016			
Sig	nature of a member or aut	horized representative of	of a member	
LAURO BIANDA			,	
	Typed or prir	nted name of signee		

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Filing Fee: \$25.00