L14000122035

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SECRETARY CONTAINS
AND ANALYSIS OF ANALYSIS

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SHADAY BAEZ, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fcc(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BORIS BAEZ

Name of Person

SHADAY BAEZ, LLC

Firm/Company

11455 W FLAGLER ST APT 510

Address

MIAMI, FL 33174

City/State and Zip Code

kadel1972@yahoo.es

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

For further information concerning this matter, please call:

Boris Baez

...786、332

Name of Person

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

SHADAY BAEZ, LLC		<u> </u>
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L14000122035	ompany were filed on AUGUST 4, 201	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and end with the words "Lir	nited Liability Company," the designation "LLC" of	the abbreviation#L.L.C."
Enter new principal offices address, if applicable:		59.
(Principal office address MUST BE A STREET ADDR	(ESS)	55 P 1
		193 S 151
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		DF 53
Training wants start BE II 1 OST OF THE BOTT	***************************************	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		nter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
· -	Enter Florida street address	
	, Florid	
	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 Changing Registered Agent, Signature of New Registered Agent

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	Leonardo A Mendez		
		598 SW 121 Ave, Miami FL 3318	4 ■ Remove
		NATIONAL CONTRACTOR CO	□ Remove
		SECRETARIA	Add
			- Remove
			Add □ Remove
	*		_□ Remove

fam	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	, , ,
,	
The eff	tive date, if other than the date of filing: (optional) fective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
	te this document is filed by the Florida Department of State)
Dated	August 20, 201/4 //
	(of well
	Agnature of a member or authorized representative of a member
	Boris K. Baéz
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00