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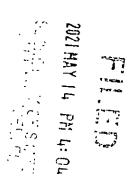
| (Requestor's Name) | | | | |
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| (Address) | | | | |
| · | | | | |
| (City/State/Zip/Phone #) | | | | |
| (Otty/Otale/ZID) Holle #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| | | | | |
| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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Off A

COVER LETTER

TO:

Tallahassee, FL 32314

| ΓΟ: Registration Se Division of Cor | | | | |
|--|--|---|--|----------------------|
| SUBJECT: Basic | rer Butteon | LLC | | |
| | Name of Lim | ited Liability Company | | |
| | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | | |
| Please return all correspo | ndence concerning this matter | to the following: | | |
| | <u>Marcel</u> | Vizcarra Name of Person | <u> </u> | |
| | | Restaurant | | |
| | | Firm/Company | | |
| | 115 Ar | nastasia BIVA | <u>. </u> | 2021 H |
| | St August | ine, FL 32081 | <u>D</u> | 4114 |
| | | Carra D Email to be used for future annual report notif | | 2021 MAY 14 PM 4: 04 |
| For further information co | oncerning this matter, please ca | | rä | 40 |
| | Zeara | at (904) L87 | - 3403 | _ |
| Name of | Person | Area Code Dayumi | : Telephone (vamoe) | |
| Enclosed is a check for th | ne 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 Fe Certificate of S Certified Copy (additional copy is | tatus & |
| Mailing Addres | <u>5:</u> | <u>Street Address:</u> | | |
| Registration S | Section | Registration Sec Division of Cor | | |
| Division of C P.O. Box 632 | - | The Centre of T | • | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| baster butem | LLC |
|---|---|
| (Name of the Limited Liability Compar (A Florida Limited L | inv as it now appears on our records.) Liability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>LJHOO0155047</u> . | were filed on $10/03/2014$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabi | |
| The new name must be distinguishable and contain the words "Limited Liabili | lity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 415 Anastasia Blvd. |
| Principal office address MUST BE A STREET ADDRESS) | St Augustine, FL 32080 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | N/A PP III |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, enter the name of the new registered |
| Name of New Registered Agent: | N/A |
| 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 Changing Registered Agent, Signature of New Registered Agent

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> | Address | Type of Action |
|----------------------------|-------------------|--|--------------------------|
| THE | Anna Vizcarra | 317 golden Lake Loop | 🗆 Add |
| MAR | Butron | 317 golden Lake Loop Straugustine, FL 32084 | Remove |
| | | | □Change |
| THE Marcel A Mgr. Butne | Marcel A. VIZrama | 318 Fox Water Trail | □Add |
| | BUTY | St. Augustine, FL 32081 | <u>ℓ</u> □Remove |
| | | | Acid <i>ress</i> Achange |
| | | · · · · · · · · · · · · · · · · · · · | □Add |
| | | <u> </u> | Remove Change Add |
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| | | | Remove |
| | | | □ Change |

| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|--|
| - Marcel Vizcara Button is to be the only name |
| - Marcel Vizcarra Butnon is to be the only name Listed on the "Laughing Llama" LLC, formerly Baster |
| Butron (1) |
| - Penns & Amon 1/12 course totally change in ame it |
| - Remove Anna Vizcarra totally, change iname + update address please, Thank you |
| upaate a advers pricise, mark you |
| - Anna Vizcarra + Jakub Baster Should be |
| - AMARIA VIZCAVIR A CARAN DASTA STRUTTA CE |
| totally removed from LLC, effective 4/29/2021. |
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| |
| E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. |
| If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. |
| Dated $4/29/2021$. |
| |
| Signature of a member or authorized representative of a member |
| Marcel Vizcara Button Typed or printed name of signee |
| Typed or printed name of signee |