## L15000059026

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
<b>(</b> Bu	siness Entity Nar	me)
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## **COVER LETTER**

Divisio	on of Corp	oorations		
30 SUBJECT:	)1 BALTU	S, LLC		
enanci		Name of Limit	ted Liability Company	
The enclosed A	rticles of A	Amendment and fee(s) are subn	nitted for filing.	
		ndence concerning this matter t	-	
		Lissette B. Ortiz, Esq.		
			Name of Person	
		Lissette B. Ortiz, P.A.		
			Firm/Company	
		1430 S. Dixie Highway, Sto	e 321	
			Address	
		Coral Gables, FL 33146		
		lawortiz@bellsouth.net	City/State and Zip Code	
			to be used for future annual report notif	ication)
For further info	ormation c	oncerning this matter, please ca	all:	
Lissette Ortiz			305 665-5270 at ()	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a c	heck for the	ne following amount:		
■ \$25.00 Fil	ing 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

s it now appears on our recor ility Company)	<u>ds.</u> )
re filed on April 3, 2015	and assigned
(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 April 3, 2015 and assigned Florida document number L15000059026  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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	
y company here:	
Company," the designation "LL	C" or the abbreviation "L.L.C."
e address on our recor	ds, enter the name of the
Enter Florida street addr	ess
	Florida
City <sup>,</sup>	Zip Code
erformance of my duties, i	further agree to comply with and I am familiar with and i, F.S. Or, if this docùment i
	re filed on April 3, 2015  y company here:  Company," the designation "LL.  re address on our record  Enter Florida street addr  City  to act in this capacity. I for act in this capacity.

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGRM	Firenze 10560, LLC	260 Crandon Blvd	
		#32 - PMB 102	Remove
		Key Biscayne, FL 33149	Change
AMBR	Francisco Arocha	330 NW 29 Street	Add
		Miami, FL 33127	■ Remove
			Change
AMBR	Daniela Lainville	260 Crandon Blvd	_□ Add
		Suite 32- PMB	■ Remove
		Key Biscayne, FL 33149	Change
			□ Add
			Remove
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