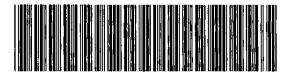
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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J. IRRANS

COVER LETTER

Division of Cor	rporations				
SUBJECT:	BAIRES ON	wHeels			
Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Luis A. Acuna				
	Ly	Name of Person			
		Firm/Company			
	10130 NW 13 Street				
		Address			
	Plantation, Florida 33322				
	cachumba10@hotmail.com	City/State and Zip Code			
	E-mail address: (to be used for future annual report noti	fication)		
For further information of	concerning this matter, please ca	all:			
Luis A. Acuna		at 786 399- Jo	o6L		
Name o	of Person		e 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)		

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

BAIRES ON WHEELS, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
he Articles of Organization for this Limited Liability C	Company were filed on June 3, 2015	and assigned
lorida document number L15000097755		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limi	ited liability company here:	
he new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
inter new principal offices address, if applicable:	10130 NW 13 Street	<u> </u>
<u>Principal office address MUST BE A STREET ADDR</u>	Plantation, Florida 33322	75
		25.5 TH 1.13
Enter new mailing address, if applicable:	10130 NW 13 Street	16 12: 28 F S TAIL F L CRUD
Mailing address MAY BE A POST OFFICE BOX)	Plantation, Florida 33322	Str. C
. If amending the registered agent and/or regis		•
Name of New Registered Agent:	MINE DEBSINO DENN	
New Registered Office Address:	7/30 NW 1387	
	Philippion Flori	ida <i>33</i> 3322
	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, <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>	<u>Name</u>	Address	Type of Action
MGR	LUIS A. ACUNA	10130 NW 13# Plan IST: ON FL	?}2\ ■ Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change
			□ Add
			□ Remove
			Change
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		not be prior to date o	filing or more than 90	 (optional) days after filing) y.) Pursuant to	605.02
n effective date is listed, the date mu	ock does not meet		utory filing requirer	nents, this date	will not be	listed
n effective date is listed, the date mu te: If the date inserted in this b						
n effective date is listed, the date mu te: If the date inserted in this b						
n effective date is listed, the date mu te: If the date inserted in this b cument's effective date on the E record specifies a delaye	epartment of State		fective time, at	12:01 a.m.	on the ea	rlier
n effective date is listed, the date mute: If the date inserted in this becument's effective date on the Extraction of the Section of the Sectio	epartment of State		fective time, at	12:01 a.m.	on the ea	rlier
n effective date is listed, the date mute: If the date inserted in this becument's effective date on the Exercise a delaye. The 90th day after the record specifies a delaye.	d effective date ord is filed.		fective time, at	12:01 a.m.	on the ea	rlier
n effective date is listed, the date mute: If the date inserted in this becument's effective date on the Exercise and specifies a delaye. The 90th day after the record.	d effective date ord is filed.	e, but not an e	fective time, at	12:01 a.m.	on the ea	rlier
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reffective date is listed, the date mute: If the date inserted in this becument's effective date on the Extractor of specifies a delaye he 90th day after the record of the 100	d effective date ord is filed.	2016 .			on the ear SECRETA	rlier
rective date, if other than the effective date is listed, the date muste: If the date inserted in this becument's effective date on the Effective date on	d effective date ord is filed.	2016 .	resentative of a memb	per	on the ea SECRETAL OF STA	rlier

Filing Fee: \$25.00