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2020 CT - 9 PH 4: 19

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COVER LETTER

	stration Se sion of Cor				
•	BAZO PRO	OPERTIES LLC	*		
SUBJECT: _		Name of Lin	nited Liability Company		
The englosed	Amiolog of	Amendment and fee(s) are sub	united for film.		
		ondence concerning this matter	_		
		CESARINA LUGO			
			Name of Person	<u> </u>	
		EAGLE CORPORATE SE	ERVICES		
			Firm/Company	<u> </u>	
	444 BRICKELLAVE, SUITE P-41				
			Address		
		MIAMI FL, 33131			
		CORPORATE@EAGLEIN	City/State and Zip Code		<u></u>
		E-mail address: (to be used for future annual	report notification)
For further inf	formation c	oncerning this matter, please c	all:		
CESARINA I	LUGO			52628	
	Name o	f Person	at () Area Code	Daytime Telep	hone Number
Enclosed is a	check for tl	ne following amount:			
■ \$25.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is end		S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
	ing Addres		<u>Street A</u> Registr	ddress: ation Section	
Divi		Corporations	Divisio	n of Corporati ntre of Tallah	
		FL 32314		ntre of Tallana L Monroe Stre	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAZO PROPERTIES LLC

2020 CTM - 9 PH 4: 19

(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on da Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability (Florida document number L15000199497		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the design	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere		ls, enter the name of the new registere
agent and/or the new registered office address here:	:	
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida st	root address
	Litter i torique si	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Register	•	,
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my a agent as provided for in Chap red office address, I hereby co	hities, and I am familiar with and ver 605, F.S. Or, if this document is

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
MGR	ARTHUR KULICK	936 SW 1 Avenue #103 Miami, FL 33130	□Add
•			Remove
			□Change
	·		□Add
			□ Remove
		 	□Change
			□Remove
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ective date, if other than the date effective date is listed, the date must be see: If the date inserted in this block cument's effective date on the Depart	loes not meet the applica	o date of filing or more the ble statutory filing requ	(optional) an 90 days after filing.) Pusirements, this date will	rsuant to 605.03 not be listed
0 44 14 24 24 24 24 24 24 24 24 24 24 24 24 24 24 24				
ord specifies a delayed effective dat filed.	e, but not an effective tin	ne, at 12:01 a.m. on the	e earlier of: (b) The 90	th day after t
DECEMBER 5TH	2019	<u> </u>		
ed				
ed	19	EC 2		•
ed	ature of a member of author	ized representative of a n	nember	·