L15000211745

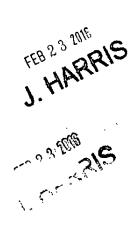
questor's Name)	
dress)	
dress)	
//State/Zip/Phone	e#)
☐ WAIT	MAIL
siness Entity Nan	ne)
cument Number)	
Certificates	of Status
Filing Officer:	
	dress) dress) dress) dress) dress) dress) dress dress) dress dr

Office Use Only



800281820718

02/22/16--01020--808 **30.00



COVER LETTER *

TO: Registration S Division of Co			
BASCO II	NVESTMENTS LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: JOSE F. BASCOPE Name of Person BASCO INVESTMENTS LLC Firm/Company 443 195TH ST NE STE 142 Address NMB FL 33179 City/State and Zip Code E-mail address: (to be used for future annual report notification) Incerning this matter, please call: 239 529-8146 at (
Please return all corresp	ondence concerning this matter	to the following:	
	JOSE F. BASCOPE		
		Name of Person	
	BASCO INVESTMENTS	LLC	
		Firm/Company	
	443 195TH ST NE STE	142	
		Address	
	NMB FL 33179		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
JOSE F. BASCOPE		at ()	
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

BASCO INVESTMENTS LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our recor- liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company Clorida document number L15000211745	were filed on 12/22/2015	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabi	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	•	As a
Principal office address MUST BE A STREET ADDRESS)		
		5 N
nter new mailing address, if applicable:		T (2)
Aailing address MAY BE A POST OFFICE BOX)		OR E
		Om w
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here Name of New Registered Agent:		ls, enter the name of the
New Registered Office Address:	Enter Florida street addre	ess
	, F	lorida
	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>	Name	Address	Type of Action
MGRM	GISELA PAZ	443 195TH ST NE STE 142	
		NMB FL 33179	□ Remove
			Change
			Add
			Remove
			Change
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			□ Add Remoye
			□-Remove = □-Remove
			□ Remove
			Change

_							
	• ,						•
							•
							•
							•
							•
							•
							•
			 				•
							•
							•
							•
							•
							•
							•
n effect ote: If cumen	the date inserted in the transfer of the trans	te must be specific and his block does not m the Department of S	cannot be prior to date neet the applicable state's records.	of filing or more than 90 atutory filing requirer	nents, this date w	vill not be list	ed as
The 9	·						
2/	12/2016	· ,					
2/		Lex Bores	y le P	epresentative of a memb	per	355 16 150	
	12/2016		ember or authorized	epresentative of a memb	oer	16 FEB 2	er ta
2/			dember or authorized		per	in in	2

•