# L160000 aa644

(Req	uestor's Name)	
(Addi	ress)	
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(City/	/State/Zip/Phone	<del>= #)</del>
PICK-UP	☐ WAIT	MAIL.
(Busi	iness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

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16 MAR 28 AH 9: 42 SECRETARY OF STATE PALLAHASSEE, FI ORID.

MAR 2 9 2016 J. HARRIS

### **COVER LETTER**

TO: Registration Sec Division of Corp		
BATH	HFORTE USA LLC.	
SUBJECT:	Name of Limited Liability Company	
		·
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	,
Please return all correspondence concerning this matter to the following:		
	Lolita Ruiz	
	Name of Person	h-large 4 to
H&L Tax Accounting Services		es
	Firm/Company	No. of Management of the Company of
14331 SW 120 St., Suite 105		
	Address	
	Miami, FL 33186	
City/State and Zip Code		* **
	Iolita@hltaxaccounting.com  E-mail address: (to be used for future annual report notifies	(Inches)
		augu)
	oncerning this matter, please call:	200
Lolita Ruiz		elephone Number
Name of	if Person Area Code Daytime T	elephone Number
Enclosed is a check for th	he following amount:	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

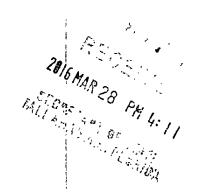
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)



# FLORIDA DEPARTMENT OF STATE

Division of Corporations



March 11, 2016

**ROBERTO TORREALBA** 10154 SW 164 PLACE MIAMI, FL 33196

SUBJECT: BATHFORTE USA LLC

Ref. Number: L16000022644

We have received your document for BATHFORTE USA LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 316A00005126



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BATHFORTE USA LLC.	*
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
Feb. 2, 2016	
The Articles of Organization for this Limited Liability Company were filed on	and assigned
lorida document number	
forida document number	
his amendment is submitted to amend the following:	•
	;
A. If amending name, enter the new name of the limited liability company here:	;
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
	·
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	₹s =
	TO E 127
	T. 70
	\$ 28 A
Enter new mailing address, if applicable:	T 2 11
Mailing address MAY BE A POST OFFICE BOX)	
	8H 5
3. If amending the registered agent and/or registered office address on our records, en	ter the name of the no
egistered agent and/or the new registered office address here:	
Name of New Registered Agent:	
rante of the registered rigen.	
New Registered Office Address:	*
Enter Florida street address	
, Florida	a <u> </u>
Ciù	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

Title	Name	Address	Type of Action
MGR	Jennifer Montero Fernandez	10154 SW 164 PI	i D Add
		Miami FL, 33196	☐ Remove
			<b>▼</b> Change
MGR	Jennifer Montero Fernandes	10154 SW 164 PI	<b></b>
		Miami, FL 33196	□ Remove
			☐ Change
MGR	Maria Celia Fernandez	10154 SW 164 PI	□ Add
		Miami, <b>⊮</b> L 33196	☐ Remove
			💆 Change
MGR	Maria Celia Fernandes	10154 SW 164 PI	Xi Add
		Miami, FL 33196	□ Remove
			□ Change
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			☐ Remove
			☐ Change

B. If amending any other information, enter change(s) here: (Attach additional sheets, if necessal	wyj	
		<del></del>
		<del></del>
	<del></del>	***************************************
	:	
		<del></del>
Feb. 2, 2016  (optiona than effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	ig.) Pursuant to	605.0207 (3)(b) listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m (b) The 90th day after the record is filed.	. on the ea	rlier of:
Dated 3-02/16 Labeta Runy	SECKETA	16 HAR.
Signature of a member or authorized representative of a member	7.5 7.5 9.0 9.0	28 H
Loleita Ruiz Typed or printed name of signee	S AFI	بة ح

Page 3 of 3

Filing Fee: \$25.00