

L160000 22644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FILED
16 MAR 28 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 29 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **BATHFORTE USA LLC.**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lolita Ruiz

Name of Person

H&L Tax Accounting Services

Firm/Company

14331 SW 120 St., Suite 105

Address

Miami, FL 33186

City/State and Zip Code

lolita@hltaxaccounting.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lolita Ruiz

305 752.5230

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2016 MAR 28 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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16 MAR 28 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



COPY

**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
Florida document number L16000022644.

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 new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, **Florida** _____
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jennifer Montero Fernandez	10154 SW 164 PI	<input type="checkbox"/> Add
		Miami FL, 33196	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Jennifer Montero Fernandes	10154 SW 164 PI	<input checked="" type="checkbox"/> Add
		Miami, FL 33196	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Maria Celia Fernandez	10154 SW 164 PI	<input type="checkbox"/> Add
		Miami, FL 33196	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Maria Celia Fernandes	10154 SW 164 PI	<input checked="" type="checkbox"/> Add
		Miami, FL 33196	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 5-22/16

Signature of a member or authorized representative of a member

Typed or printed name of signee

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