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COVER LETTER

Division of Corp				
subject: <u>BA5a)</u>	M FNUESTMEN Name of Limi	15 LLC ited Liability Company		
	amendment and fee(s) are sub-	-		
rease return an eurespon	dence concerning this matter	to the tonowing.		
•	Juana O Basa	ope de Ampuero Name of Person	·	
·	Basam IN	Vestment LLC Firm/Company	<u>.</u>	
	2684 444	h terrace SW Address		
	Naples 1	City/State and Zip Code Motmail wr		
	E-mail address: (1	to be used for future annual report notific		
For further information co	ncerning this matter, please ca	dh:	Ps.	2016
Juana Ode Ba	scope de ampo	ero at (239) 877-7	7394 HE	AUG -
ivaine of	i Cison	Area Code Traytime	Telephone value of Samuel	2 17
Enclosed is a check for the	e following amount:		LOS X	ÿ. (_
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is enclo	

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

Basam INEST ME	rts LCC	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	 .
The Articles of Organization for this Limited Liability Company w	ere filed on 2/26/201	6 and assigned
Florida document number <u>L/6 0000 4 0 9 4 9</u> .	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ly company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or	r the abbreviation "L.1C."
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 registered agent and/or the new registered office address here:	ce address on our records, g	enter the name of the nev
		20
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	5 5 5 mm
•	, Florid	da S-Zip Orde
New Registered Agent's Signature, if changing Registered Agent:	•	4. 4. 2. 4. 2. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and to ovided for in Chapter 605, F.S	I am familiar with and 5. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of eac	<u>:h person t</u>	<u>eing adde</u>
or removed from our records:		

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Blanca Bascope		IP ∧dd
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			Change
MGR	Luis Ampuero		
-			□ Remove
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Effective date.	if other than the c	late of filing	: :			(option	ıal)		
Note: If the date	if other than the d is listed, the date must e inserted in this bloc ctive date on the Dep	ck does not m	eet the applic	able statutory	g or more than 9 7 filing require	0 days after fi ments, this c	ling.) Pursi late will r	uant to 6 iot be l	505.0207 isted as
	cifies a delayed by after the reco		ate, but no	ot an effect	ive time, at	: 12:01 a.i	m. on tl	ne ea	rlier of
DatedQu	iscent.6	·	2017	<u>}</u> .					
	Зисания (Signature of a n	Dry Que nember or auth	orized represen	ntative of a men	iber			
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Page 3 of 3

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