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COVER LETTER

TO: Registration Section Division of Corp.		<i>.</i> *•		
SUBJECT:	Baiti Sto	orey Lake LCC ed Liability Company	· <u>···</u>	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please return all correspon	dence concerning this matter to	o the following:		
	701 Brick Miami LA @	Address FL 3313 City/State and Zip Code QNAZQUEZ. (6)	0 1 om	
For further information co	ncerning this matter, please ca	o be ased for future annual report notific	ACL 2018	وخرسه
Name of Enclosed is a check for the	Person	_at (30S) 371-	AHAST STATE A III Sa	FILED
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filing Fee, Certificate of Statu	ıs &

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)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- Baiti Str	Diey lake UC.	
	ability Company as if now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number	ity Company were filed on 10 27	2016 and assigned
This amendment is submitted to amend the following	g:	
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" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u></u>	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		enter the name of the new
Name of New Registered Agent:		7 7
New Registered Office Address:	Enter Florida street address	GRATI 55
	, Flor	ida
	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added</u> or removed from our records:

MGR = Manager

AMBR = Authorized Member

Type of Action Title **Address** <u>Name</u> Carlos Roberto Galdioli Nobrega 701 Brickell all □ Add ☐ Remove Miami, Pl. 33131 □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Remove ☐ Change □ Add □ Remove ☐ Change

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	ive data if other than the data of filing.
(If an ef	lective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fling.) Pursuant to 605.0207 (3
	If the date inserted in this block does not meet the applicable statutory filing requirements, this the wilk not be listed as the nent's effective date on the Department of State's records.
	and the second of the second o
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
) The	90th day after the record is filed.
Dated	February 27, 2018
	Signature of a member or authorized representative of a member Carlos Roberto Galdioli Nobrego

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Filing Fee: \$25.00