L16000 202339

(Re	equestor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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JANE OF CORPORATION

COVER LETTER

Division of	Corporations	, t		
	USA LLC	:		
SUBJECT:	Name of Li	mited Liability Company		
The enclosed Article	s of Amendment and fee(s) are su	bmitted for filing.		
Please return all corr	espondence concerning this matte	r to the following:		
	SPYROS VLAMIS			
		Name of Person		
	AR ACCOUNTING & T	AX SERVICES INC		
		Firm/Company		
	5497 WILES ROAD SUI	TTE 202		
		Address		22
	COCONUT CREEK FL.	33073		, wislow o
		City/State and Zip Code		99 29
	SPYROS@TAXESAR.CC			PR 건 6
For further informati	on concerning this matter, please	tto be used for future annual report notifica call:	tion)	22 AUG 29 PM 2: 22
SPYROS VLAMIS		954 757-7100 at ()		
Na	me of Person	Area Code Daytime To	elephone Number	
Enclosed is a check (for the following amount:			
■ \$25.00 Filing Fe	ce S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fec Certificate of Sta Certified Copy (additional copy is ea	atus &
<u>Mailing Ad</u> Registrati	dress: on Section	Street Address: Registration Section	on	
	P.O. C.	District of Con-		

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

Registration Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAVE USA LLC		-	
(Name of the Limited Liab) (A Florid	ility Company as it now appears on our records.) da Limited Liability Company)		
The Articles of Organization for this Limited Liability Florida document number	Company were filed on 11/03/2016 and	assigned	l
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the designation "LLC" or the abbreviation	ı "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	PRESS)	22	
		AUG	
Enter new mailing address, if applicable:		20 3	<u> </u>
inda document number L16000202339 If amending name, enter the new name of the limited liability company here: In amending name, enter the new name of the limited Liability Company," the designation "LLC" or the abbreviation "er new principal offices address, if applicable: Incipal office address MUST BE A STREET ADDRESS) In address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the name	P	<u></u>	
	L CT dd a sur useende ententhe name of the	22	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter the name or the</u>	new reg	istered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Florida		
		ode	
New Registered Agent's Signature, if changing Register	red Agent:		

New Registered Agent's Signature, if changing Registered Agent:

DAVELIEATIO

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>	Address	Type of Action
AMBR	PATRICIA M VECHIATTO	. 22281 TIMBERLY DRIVE	□Add
		BOCA RATON FL 33428	Remove
			Change
AMBR	SERGIO DOS SANTOS	4445 BANYAN TRAIL DR	🖹 Add
		COCONUT CREEK FL 33073	□Remove
			□ Change V
	···		DOMESTIC STREET OF COLUMN
			Remove OR
			☐Change
	4-8-99		DAdd
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			Remove
		. <u></u>	□Change

ective date, if other than the date of filing: (optional) (optional) (effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 (iii)					.			•		
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