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(Address)	
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PICK-UP WAIT MAIL	
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SECRETARY OF STATE TALLAHASSEE, FL

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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	Baacbay, L	LC .		
SUBJECT:	 ,	Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	indence concerning this matter	to the following:	
		Gwendolyn Chano		
			Name of Person	-
		Chano Fontanals		
			Firm/Company	
		2501 SE Sapelo Ave		
			Address	
		Port Saint Lucie, Florida,	34952	
			City/State and Zip Code	
		Gwendolynchano@gmailco		
		E-mail address: (to be used for future annual report noti	fication)
For further in	nformation c	oncerning this matter, please co	all:	
Gwendolyn	Chano		772 359-5225 at ()	
	Name o	f Person	Area Code Daytim	c Telephone Number
Enclosed is a	ı check for th	ne following amount:		
□ \$25.00 F	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
	iling Addres		Street Address:	
	gistration S	Section orporations	Registration Se Division of Cor	
	D. Box 632		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Baaebay, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on 12/29/2016	and assigned
Florida document number 1.17000000132		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
Chano Fontanals, LLC		
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 ADDRES	55)	
		
P-4		
Enter new mailing address, if applicable:		· · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		
		22 2
		AA
B. If amending the registered agent and/or registered of	ffice address on our records, enter the	name of the new register
agent and/or the new registered office address here:		SE GF 至 F
		m o v
Name of New Registered Agent:		FL O
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
	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 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>	Name	Address	Type of Action
			□Add
			Remove
			Change
			\Add
			Remove
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Effective of	date, if other than the da	e of filing:	(optic	onal)
			of filing or more than 90 days after tatutory filing requirements, this	
document'	s effective date on the Depar	tment of State's records.		
e record sp rd is filed.	ecifies a delayed effective da	te, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th day after the
ra is riica.				
Dorad	August 3	2022		
Dated	<i>621</i>			
		1		
	Sig	nature of a member or authorized i	representative of a member	
	Gwendolyn Chano			