L1700009052

(Re	equestor's Name)			
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(City/State/Zip/Phone #)				
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	•	COVERTEIL	E.K
TO: Registration S Division of Co		•	
	A BATISTA LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	FRANCES MENDEZ		1
	· · · ·	Name of Person	
		Firm/Company	i
	PO BOX 17006		
	WEST PALM BEACH FL	Address	
	JASTRANS4@GMAIL.CO	City/State and Zip Co	de
	E-mail address: (to be used for future ann	ual report notification)
For further information	concerning this matter, please ca	all:	
FRANCES MENDEZ		561 . .	7139208
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	S55,00 Filing F Certified Copy fadditional copy is	Certificate of Status &
	LANG ADDRESS:		EET/COURIER ADDRESS:

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

Registration Section Division of Corporations Clifton Building 266 | Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 JUL 31 AM 11:55

ALLANGASSEE TO ONLO

YUDANIA BATISTA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 1/11/2017 and assigned Florida document number ______L17000009052 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 "LLC." 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: YUDANIA BATISTA Name of New Registered Agent: 1837 WOODHAVÊN DR New Registered Office Address: Enter Florida street address PALM SPRINGS

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

Page 1 of 3

MGR = AMBR =	Manager Authorized Member	,	
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ALCIDES RODRIGUEZ	1837 WOODHAVEN DR	
		PALM SPRINGS FL 33406	■ Remove
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. If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an effective da <u>Note:</u> If the da	e, if other than the date of filing: (optional) ate is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 late inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as fective date on the Department of State's records.	7 (3): ; the
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of day after the record is filed.	f;
Dated	2017	
	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	

Page 3 of 3 Filing Fee: \$25.00