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la:

Division of Corporations

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From:

Phone : (407)674-8969
Fax Number : (407)674-8978

\*\*Enter the email address for this business entity to be used for future?

annual report mailings. Enter only one email address please. \*\*

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

BAUCH \* \*\*

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T. LEMIEUX MAY 2 3 2025

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF BAUCHA LLC

The Articles of Organization for this Florida Limited Liability Company were filed on <u>03/27/2017</u> and assigned Florida document number: L17000069272

### Article I

Α.	11	' amending name, ent	er the new	name of th	he limited	liability	company	here:
----	----	----------------------	------------	------------	------------	-----------	---------	-------

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

# Article II Enter new principal offices address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Enter new mailing address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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### Article IV

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:

Name of New Registered Agent:

New Registered Office Address:

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 affice 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

Title	Name	Address	Type of Action				
AMBR	MRGM INVESTMENTS LIMITED	TRIDENT CHAMBERS P.O. BOX 146	REMOVE				
		ROAD TOWN, TO, 0000 IO	ADO 🗀				
AMBR	GOMES DE MATTOS, MAURO ROBERTO	RUA TIMOTEO DA COSTA, 218 APT SO	D1 REMOVE				
		RIO DE JANEIRO, RJ 22450-130 BR	ADD				
AMBR	GOMES DE MATTOS, PAULO ROBERTO	RUA TIMOTEO DA COSTA, 218 APT 50	1 REMOVE				
		RIO DE JANEIRO, RJ 22450-130 BR	ADD 📕				
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)							

# E. Effective date, if other than the date of filing: (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED: NOW NO JORS

MAURO ROBERTO GOMES DE MATTOS / AMBR

PAULO ROBERTO GOMES DE MATTOS / AMBR