L17000096348

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
· (Cit	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	





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10/10/26 -01 05--016 **25.00

C/ 10/25/2023

COVER LETTER

TO:

TO: Registration S Division of Co		
	BAL SALES LLC	
SUBJECT:	Name of Lin	nited Liability Company
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing
Please return all corresp	ondence concerning this matter	r to the following:
	NICOLETTE GUDKNEC	CHT, ESQ.
		Name of Person
	DOROT & BENSIMON	PL.
		Firm/Company
	20295 NE 29TH PL. STE	201
		Address
	AVENTURA, FL 33180	
	CORRORATEGROOPER	City/State and Zip Code
	CORPORATE@DORBEN E-mail address: ((to be used for future annual report notification)
For further information	concerning this matter, please c	ralI:
NICOLETTE GUDKN	ECHT, ESQ.	305 921-9421
Name of Person		Area Code Daytime Telephone Number
Enclosed is a check for t	he following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) ☐ Certificate of Status Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: 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

2023 OCT 17 AH 7: 15

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(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited I	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L17000096348	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	20295 NE 29TH PL, STE 201
(Principal office address MUST BE A STREET ADDRESS)	AVENTURA, FL 33180
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	20295 NE 29TH PL, STE 201 AVENTURA, FL 33180
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new register
New Registered Office Address:	
igen registered Office Address.	Enter Florida street address
	, Florida
	City Zip Code

New Registered Agent's Signature, il 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	IVAN GONZALEZ	1845 NW 112TH AVENUE, STE 207	□Add
		MIAMI, FL 33172	≣Remove
			[]Change
MGR	FRANCISCO LEIDERMAN	20295 NE 29TH PL, STE 201	= Add
		AVENTURA, FL 33180	□Remove
			□Change
MGR	VALENTINA LEIDERMAN	20295 NE 29TH PL, STE 201	□Add
		AVENTURA, FL 33180	□Remove
			≣ Change
			□ Add
			□Remove
		· 	
			□Add
			□Remove
			□Change
			□Add
			🗆 Remove
			□Change

	
	
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ote: II	e date, if other than the date of filing:
record s	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	40 /40
ated	10/03
ated	Signature of a member or authorized empsentative of a member

Filing Fee: \$25.00