# 117000100691

(Re	questor's Name)	
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## **COVER LETTER**

Divi	istration Se ision of Cor					
SUBJECT:	DASBE PR	OPERTIES 4 LLC				
Name of Limited Liability Company						
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		ALEJANDRO BESPALK	0			
			Name of Person			
			Firm/Company			
		5283 SW 33RD WAY				
			· Address			
		FT. LAUDERDALE/FL 3.	3312			
		MANAG770@GMAIL.CO				
		E-mail address: (	to be used for future annual report notif	fication)		
For further in	formation co	oncerning this matter, please ca	all:			
ALEJANDRO BESPALKO 954 8548556						
	Name of	Person	at () Area Code Daytime	e Telephone Number		
Enclosed is a	check for th	e following amount:				
<b>■</b> \$25.00 Fi	iling 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		

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## DASBE PROPERTIES 4 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 \_\_05/05/2017 Florida document number L17000100691 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BAGROUP USA MANAGEMENT LLC 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street 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 office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

## If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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	5/1/2017	
	date of filing:	
e record specifies a delaye The 90th day after the rec	deffective date, but not an effective ord is filed.	time, at 12:01 a.m. on the earlier
ated MAY 11		

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Filing Fee: \$25.00