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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

BAF VENDING SERVICES LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Federico Bautista Name of Person Firm/Company 227 Antiquera Avenue Apt 303 Address Coral Gables FL 33134 City/State and Zip Code federicobauta@icloud.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Federico Bautista 546-3558 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAF VENDING SERVICES LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) .iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L17000154287  This amendment is submitted to amend the following:	were filed on <u>07/19/2017</u>	_ and assigned
A. If amending name, enter the new name of the limited liab	ility company here:	
BAF PROPERTY MANAGEMENT LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	227 Antiquera Avenue Apt 303 Coral Gab	les FL, 33134
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	227 Antiquera Avenue Apt 303 Coral Gab	les FL, 33134
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, enter the name	of the new registered
Name of New Registered Agent:		:
New Registered Office Address:	Enter Florida street address	· 
***************************************	. Florida	Zip Coule
New Registered Agent's Signature, if changing Registered Agent:		∵ CЛ

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>	Address	Type of Action
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ite: If the date inserted in this block does not meet the a	prior to date of filing or more than 90 days after filing.) Pursuant to 60 pplicable statutory filing requirements, this date will not be lis
cument's effective date on the Department of State's rec	ords.
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is filed.	
July 29 /2024	
ted July 29	9X/
- Alland	9 <u>/</u>
ted	authorized representative of a member

Filing Fee: \$25.00