

L17000167977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

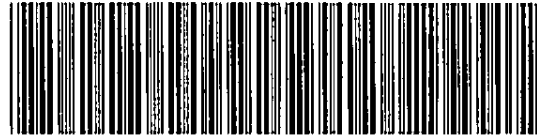
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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Office Use Only



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08/21/17--01021--022 **35.00

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17 SEP 25 PM 4: 57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

SEP 26 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 1, 2017

MARIA M MARTINEZ
BAHIAHONDA LLC
1275 W 47 PL, SUITE 432
HIALEAH, FL 33012

SUBJECT: BAHIAHONDA LLC
Ref. Number: L17000167977

We have received your document for BAHIAHONDA LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 017A00017399



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 23, 2017

MARIA M MARTINEZ
1275 W 47 PL, SUITE 432
HIALEAH, FL 33012

SUBJECT: BAHIAHONDA LLC
Ref. Number: L17000167977

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Stacey M Warren
Regulatory Specialist II

Letter Number: 017A00017399

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BAHIAHONDA LLC

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:

ZUNEN A VALDES

Name of Person

BAHIAHONDA LLC

Firm/Company

1275 W 47TH PLACE # 432

Address

HIAELAH, FL 33012

City/State and Zip Code

juventus19782009@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ZUNEN A VALDES

786 4475506
at ()

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

☐ \$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**

BAHIAHONDA 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 08/07/2017 and assigned
Florida document number L17000167977.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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

Enter new principal offices address, if applicable:

1275 W 47 PL SUITE 432

(Principal office address MUST BE A STREET ADDRESS)

HIALEAH, FL 33012

Enter new mailing address, if applicable:

1275 W 47 PL SUITE 432

(Mailing address MAY BE A POST OFFICE BOX)

HIALEAH, FL 33012

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

Florida

City

Zip Code

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

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SEP 25 PM 4:37
CLERK OF DISTRICT COURT
ALABAMA
STATE OF ALABAMA
TALLAHASSEE, FLORIDA

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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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 17 SEP 25 PM 6:37
 STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

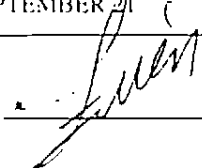
N/A

E. Effective date, if other than the date of filing: 09/21/2017 (optional)

(If an effective date 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 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated SEPTEMBER 21 2017



Signature of a member or authorized representative of a member

ZUNEN A VALDES

Typed or printed name of signee

FILED
17 SEP 25 PM 4:37
DEPARTMENT OF STATE
TALLAHASSEE FLORIDA