

L17000195232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

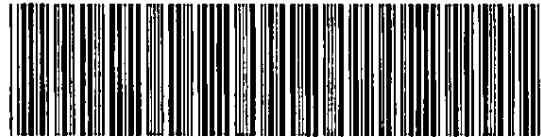
(Business Entity Name)

(Document Number)

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2018 JAN -6 AM 9:59
JAN 8 2018

JAN 09 2018
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BELIEVE IN BA SERVICES,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:

NELSAELENA SUAREZ

Name of Person

Firm/Company

833 SW 5 ST

Address

FLORIDA CITY FLORIDA, 33034

City/State and Zip Code

NELSAELENA.SUAREZ@YAHOO.COM

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

For further information concerning this matter, please call:

NELSAELENA SUAREZ

305 240-7368

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**

BELIEVE IN BA SERVICES,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 9/20/2017 and assigned
Florida document number L17000195232.

This amendment is submitted to amend the following:

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

SAME NAME

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:

(Principal office address MUST BE A STREET ADDRESS)

833 SW 5 ST

FLORIDA CITY , FL

33034

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

833 SW 5 ST

FLORIDA CITY

33034

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:

ANGEL JOEL MOLINA CAJIGAS

New Registered Office Address:

833 SW 5 ST

Enter Florida street address

FLORIDA CITY

City

Florida 33034

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

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>
AMBR	MARYEREY M PEREZ	13847 SW 275 ST	<input type="checkbox"/> Add
		HOMESTEAD ,FL 33032	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANGEL JOEL MOLINA CAJIGAS	833 SW 5 ST	<input checked="" type="checkbox"/> Add
		FLORIDA CITY FL,33034	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NELSAELENA SUAREZ	833 SW 5 ST	<input checked="" type="checkbox"/> Add
		FLORIDA CITY FL,33034	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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: 1/1/2018 (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 1/1/2018

Signature of a member or authorized representative of a member

NELSAELENA SUAREZ.

Typed or printed name of signee

2016-11-18 14:35