

418000002671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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APR 11 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BAZ78 Miami, LLC L18000002671
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:

Artenis Mendoza

Name of Person

Firm/Company

1001 NW 116th Street

Address

Miami FL 33168

City/State and Zip Code

ArtenisMendoza@aol.com

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

For further information concerning this matter, please call:

Artenis Mendoza

Name of Person

at (305)

Area Code

934-2230

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

Baz 78 miami, 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 1/3/2018 and assigned
Florida document number L18000002671.

This amendment is submitted to amend the following:

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

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)

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:

Arlenis Mendoza

New Registered Office Address:

1001 NW 116th Street

Enter Florida street address

Miami
City

Florida

33168
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.

Arlenis Mendoza

If Changing Registered Agent, Signature of New Registered Agent

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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	Michel Laguerre	258 ne 79 th st	<input type="checkbox"/> Add
		miami, FL 33138	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Chantale Lean	281 ne 78 th st	<input checked="" type="checkbox"/> Add
		apt 6	<input type="checkbox"/> Remove
		miami, FL 33138	<input type="checkbox"/> Change
AMBR	Renel Germain	258 ne 79 th st	<input checked="" type="checkbox"/> Add
		miami, FL 33138	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Abnel Germain	258 ne 79 th st	<input checked="" type="checkbox"/> Add
		miami, FL 33138	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Webens W. Louis	9131 sw 152 nd ct	<input checked="" type="checkbox"/> Add
		miami, FL 33196	<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.)

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E. Effective date, if other than the date of filing: 4/2/2018 (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 April 2, 2018.



Signature of a member or authorized representative of a member

Renel Germain

Typed or printed name of signee