# L18000122350

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# **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	CT: Bang Em (p) 11 C  Name of Amited Liability Company
The en	losed Articles of Amendment and fee(s) are submitted for filing.
Please	eturn all correspondence concerning this matter to the following:
	David Dominguez Name of Person
	Baug En Upl LLC
	3208 Pomeral Drr Unit 207
	Chystate and Lip Coce  Cay id Ceo a Sangemup net  E-mail address: (to be used for future annual report haufication)
	E-mail address: (to be used for future annual report haufication)
For fur	her information concerning this matter, please call:
D	Name of Person 3 at (561) 907-3588  Area Code Daytime Telephone Number
1	d-is-a-check-for the following amount:  .00 Filing Fee

## 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 Tollahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Fortal Limited Li	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 18000122350</u>	were filed on 5/6/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words. Limited Liab File	to 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)	
	<u>\</u>
	20 FC
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	2
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B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here.	
Name of New Registered Agent:	
Name of New Registered Agent:  New Registered Office Address:	Enter Fiorida street address
	Enter Fiorida street address  Florida  City Zip Code

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 revistered 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, t 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 = Au	ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
CEO/	David L. Dominguez	3208 Pomeral Dr Unit 20	7_ <b>□</b> Add
Managirk Member	}	3208 Pameral Dr. Unit 20 Wellington Fl. 33414	Remove
			Change
VP/	Cexso Dominguez	3208 Pomeral Dr. Unit	∬ □ Add
Member	O	3208 Pomeral Dr. Unit	/ □ Remove
			Change
GM	Beswa Doninguez	3208 Pomero Druntzo	7 Add
		3208 Pomera Druit 20 Wellington Fl. 33414	Remove
			Change
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an effective date is listed, t (ote: If the date inserted	than the date of filing: he date must be specific and ca d in this block does not me e on the Department of Sta	annot be prior to date et the applicable st	of filing or more than 90 attutory filing requirem	(optional) days after filing ) Pursus ents, this date will no	ant to 605.02 of be listed a
e record specifies a The 90th day after	delayed effective da the record is filed.	te, but not an	effective time, at 1	12:01 a.m. on th	e earlier
ated	18/2018	apper or all proposed	apresantative of a memb	cr.	
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Filing Fee: \$25.00