118000212710

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COVER LETTER

TÓ:	Registration Se Division of Cor					
SUBJE	BAGUDA I	LLC				
SOUTE	C1	Name of Lim	ited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please r	eturn all correspo	ndence concerning this matter	to the following:			
		KABIR FRUTOS BONAC	CHE			
	Name of Person					
		KABIR CAPITAL LLC				, .
	Firm/Company 1200 BRICKELL AVE., STE. 800				F3	-17
			Address		· ·	
		MIAMI, FL 33131			,) ,)	57
		ACCOUNTING@KABIRO	City/State and Zip Code CAPITAL.COM		.0	
		E-mail address: (t	to be used for future annual report no	dification)	. <u> </u>	
For furt	her information co	oncerning this matter, please ca	all:			
KABIR FRUTOS BONACHE		786 377 (19 2	233 0132	. ,		
	Name o	f Person		me Telephone Number		
Enclose	ed is a check for th	ne 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 Certificate o Certified Co _l (additional copy	f Status & - py	
		ING ADDRESS:	STREET/COUI Registration Sect	RIER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAGUDA LLC		
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co. Torida document number L18000212710	ompany were filed on 09/06/2018	and assigned
his amendment is submitted to amend the following:	_	
A. If amending name, enter the new name of the limit	ted liability company here:	
BADUGA LLC		
he new name must be distinguishable and contain the words "Limit	ted 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 ADDRI	ESS)	
		63
Enter new mailing address, if applicable:		ابه در اهمودون معاودون
Mailing address MAY BE A POST OFFICE BOX)		-> '
		
		-0.
 If amending the registered agent and/or registered agent and/or the new registered office address. 		nter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a Zip Code
	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

· 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 □ Add ☐ Remove ☐ Change □ Add □ Remove _□`Change..... ر. :.-_□.Add î∓î ☐ Change _ 🗆 Add _□ Remove _□ Change _D Add ☐ Remove _ Change

_□ Remove

_____ Change

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Note:	tive date, if other than the date of filing: (optional) frective 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 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.
If the re (b) The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier se 90th day after the record is filed.
Dated	d 10/11 2018

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Filing Fee: \$25.00