

L18000 279903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

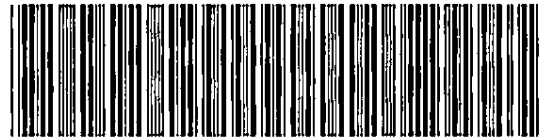
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300348995563

07/30/20--01022--003    \*\*60.00

SEP 20 2020  
S. YOUNG

2020 JUL 30 PM 4:14  
STATE OF CALIFORNIA  
SACRAMENTO

FILED

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BARAZARTE'S GROUP, 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:

DAVID BARAZARTE

Name of Person

BARAZARTE'S GROUP, LLC

Firm/Company

350 NE 24TH ST. APT #603

Address

MIAMI, FL. 33137

City/State and Zip Code

BARAZARTEGROUP@EMAIL.COM

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

For further information concerning this matter, please call:

DAVID BARAZARTE

Name of Person

at ( 786 ) 543 8040

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

BARAZARTE'S GROUP, 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 DEC 105/2018 and assigned  
Florida document number L18000279903

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

350 NE 24TH ST. APT #603  
MIAMI, FL. 33137

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

350 NE 24TH ST. APT #603  
MIAMI, FL. 33137

**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:

DAVID BARAZARTE

New Registered Office Address:

350 NE 24TH ST. APT #603

Enter Florida street address

MIAMI

City

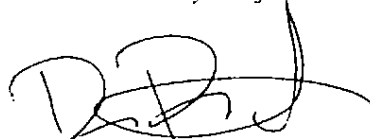
Florida

33137

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**

FILED  
2018 JUL 30 PM 4:14  
CLERK OF COUNTY OF DADE  
STATE OF 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>
<u>PRES</u>	<u>YESENIA BARAZARTE</u>	<u>2841 NE 163RD ST</u>	<input type="checkbox"/> Add
		<u>APT #801. NORTH MIAMI</u>	<input checked="" type="checkbox"/> Remove
		<u>BEACH, FL. 33160</u>	<input type="checkbox"/> Change
<u>VP</u>	<u>MAYNEL BARAZARTE</u>	<u>2841 NE 163RD ST.</u>	<input type="checkbox"/> Add
		<u>APT #801. NORTH MIAMI</u>	<input checked="" type="checkbox"/> Remove
		<u>BEACH FL. 33160</u>	<input type="checkbox"/> Change
<u>PRES</u>	<u>DAVID BARAZARTE</u>	<u>350 NE 24TH ST.</u>	<input type="checkbox"/> Add
		<u>APT. #603.</u>	<input type="checkbox"/> Remove
		<u>MIAMI, FL. 33137</u>	<input checked="" 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

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

PLEASE FIND ATTACHED THE EMPLOYER  
IDENTIFICATION NUMBER (EIN) ASSOCIATED  
WITH BARAZARIE'S GROUP, LLC.

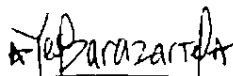
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 JULY / 28 , 2020



Signature of a member or authorized representative of a member

YESENIA BARAZARIE

Typed or printed name of signee

Date of this notice: 07-27-2020

Employer Identification Number:  
85-2165423

Form: SS-4

Number of this notice: CP 575 G

BARAZARTES GROUP  
DAVID S BARAZARTE SOLE MER  
350 NE 24TH ST APT 603  
MIAMI, FL 33137

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 85-2165423. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at [www.irs.gov](http://www.irs.gov). If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

**IMPORTANT REMINDERS:**

- \* Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is BARA. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.