

L19 000038793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

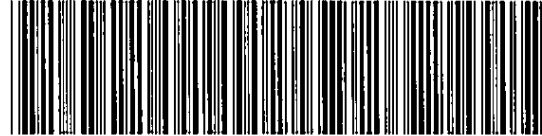
(Business Entity Name)

(Document Number)

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2019 JUN -7 AM 9:47

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JUN 21 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BASEMAPING 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:

A PESTANO

Name of Person

PROFESIONAL ACCOUNTING & TAX GROUP CORP

Firm/Company

4612 N HIATUS RD

Address

SUNRISE FLORIDA 33351

City/State and Zip Code

tony.pestano@bssnusa.com

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

For further information concerning this matter, please call:

A PESTANO

954 578-0016

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**

BASEMAPING 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 FEBRUARY 7, 2019 and assigned
Florida document number 119000038793

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:

4614 N HIATUS RD

(Principal office address MUST BE A STREET ADDRESS)

SUNRISE FLORIDA 33351

Enter new mailing address, if applicable:

4612 N HIATUS RD

(Mailing address MAY BE A POST OFFICE BOX)

SUNRISE FLORIDA 33351

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:

BUSINESS SERVICES & SUPPROT NETWORK CORP

New Registered Office Address:

4612 N HIATUS RD

Enter Florida street address

SUNRISE

Florida

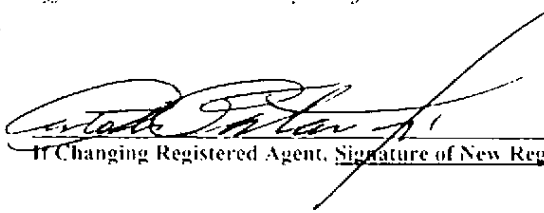
33351

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	HELMERT SRL	27 I.S. STURZA BLV BACAU, ROMANIA 600269	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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MKT

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

ARTICLE V - OWNERSHIP

COSMIN VASII 20%

ADRIAN G RACOVEANU 20%

HELMERT SRL 60%

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 (05.0207-A)(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 6-4 2019

X [Signature]

Signature of a member or authorized representative of a member

ADRIAN G. RACOVEANU

Typed or printed name of signee

2019 JUN 7 AM 10:58
FILED
SOUTH CAROLINA
DEPARTMENT OF STATE