# 119000055771

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#### **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

GRUPO BAGUA CONSULTING, LLC SUBJECT: \_ 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: SERGIO GONZALEZ Name of Person GRUPO BAGUA CONSULTING, LLC Firm/Company 16400 SAPPHIRE DR Address WESTON, FL 33331 City/State and Zip Code INFO@COAASSOCIATES.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ANTONIO COA Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$25,00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

GRUPO BAGUA CONSULTING, LLC		
( <u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)	-
The Articles of Organization for this Limited Liability Co Florida document number <u>L19000055771</u>	ompany were filed on 02/26/2019 	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter th	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida 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
MANAG	LUIS ACOSTA	16400 SAPPHIRE DR	
		WESTON, FL 33331	■Remove
			□Change
MGR	ANTONIO COA	16400 SAPPHIRE DR	<b>=</b> Add
		WESTON, FL 33331	⊡Remove
			©Change
		<u> </u>	□Add
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Note: If the date inserted in	nan the date of filing:  date must be specific and cannot be in this block does not meet the a on the Department of State's rec	pplicable statutory filir	(optional) nore than 90 days after filing.) ng requirements, this date w	Pursuant to 605,0207 (2 vill not be listed as th
the record specifies a d ) The 90th day after t	lelayed effective date, bu he record is filed.	it not an effective	time, at 12:01 a.m. o	n the earlier of:
June 11 Dated	2020			
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Typed or printed name of signee

Filing Fee: \$25.00