# L19000185245

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
(Boodine Hamber)
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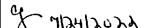
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#### **COVER LETTER**

Division of Cor	rporations		
BAUVEN SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Catheryne Mora		
		Name of Person	
	Casal & Moreno, P.A.		
		Firm/Company	
	201 Alhambra Circle, Suit	e 702	
	<u> </u>	Address	
	Coral Gables, FL 33134		
		City/State and Zip Code	
	emora@easalmoreno.com		
		to be used for future annual report notif	heation)
For further information of	concerning this matter, please co	all:	
Catheryne Mora		305 476-5080	
Name (	of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

## C<sub>M</sub> Casal & Moreno P.A.

Julian H. Casal, Esq. ihc@casalmoreno.com Alejandra S. Moreno, Esq. asm@casalmoreno.com 201 Alhambra Cir. Suite 702 Coral Gables, FL 33134 305-476-5080

May 20, 2022

#### <u>via FedEx - Tracking No. 776922029322</u>

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

RE: BAUVEN LLC L19000185245

Dear sir or madam.

Please accept this Articles of Amendment to Articles of Organization of the above-mentioned limited liability company. Enclose I have included Check No. 1782 in the amount of \$25.00.

Should you have any questions or concerns, please do not hesitate to contact me.

Catheryne L. Mora Paralegal

Sincerely, 1

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 HAY 23 AH 8: 55

	BAUVE	EN LLC		-
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Li Florida document number $\frac{L19000185245}{L19000185245}$	ability Company	were filed on $\frac{J\epsilon}{2}$	ily 31, 2019	and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liab	ility company h	<u>ere</u> :	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the	designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		5350 NW 84 A	VE, UNIT 405	
(Principal office address MUST BE A STREET ADDRESS)		DORAL, FL 3.	3166	
Enter new mailing address, if applicable:		5350 NW 84 A	VE. UNIT 405	
(Mailing address MAY BE A POST OFFICE BOX)		DORAL, FL 3	3166	
B. If amending the registered agent and/or ragent and/or the new registered office address		address on our	records, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:	Casal & Moren	10, P.A.		
New Registered Office Address:	201 Alhambra	Cir., Suite 702,		
	Enter Florida street address			
	Coral Gables		Florida	3134
		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>	Type of Action
MGR	Dany Bolivar	2525 Ponce de Leon Blvd., Suite 300	□ Add
		Coral Gables, FL 33134	=Remove
		<u> </u>	□Change
MGR Vale	Valentin Reyes	2525 Ponce de Leon Blvd., Suite 300	□ Add
		Coral Gables, FL 33134	≅Remove
			□ Change
MGR	Ramon Farinas Matiguan	5350 NW 84TH AVE, UNIT 405	<b>=</b> Add
	Do	Doral, FL 33166	□Remove
			□Change
MGR	Angel Espinoza Gonzalez	5350 NW 84TH AVE. UNIT 405	<b>≘</b> Add
		Doral, FL 33166	🗆 Remove
			□Change
			□Add
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(If an effective   Note:   If the	ate, if other than the date of filing:
ne record spe ord is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated May	2022
-	Signature of a member or authorized representative of a member

Filing Fee: \$25.00