

L20000 109270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2020 JUN 15 PM 12:16

Acc/cys
Amend

JUL 25 2020
I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BAFFLES UNLIMITED 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:

IDAN ROBAU

Name of Person

BAFFLES UNLIMITED LLC

Firm/Company

17611 SW 144 AVE

Address

MIAMI, FL 33177

City/State and Zip Code

Bafflesunlimited@gmail.com

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

For further information concerning this matter, please call:

IDAN ROBAU

Name of Person

786 370 - 2002
at (_____) _____
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**

BAFFLES UNLIMITED 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 FLORIDA and assigned Florida document number 1.20000109270.

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:

17611 SW 144 AVE

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FLORIDA 33177

Enter new mailing address, if applicable:

17611 SW 144 AVE

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FLORIDA 33177

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, **Florida**

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

2020 JUN 16 PM 12:16
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CLERK OF CIRCUIT COURT
MIAMI, 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>
MGR	SAVERY, ALBERT G.	15011 SW 18TH ST, MIRAMAR, FL 33027	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
S	SAVERY, ALBERT G.	15011 SW 18TH ST, MIRAMAR, FL 33027	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	IDAN ROBAU	17611 SW 144 AVE, MIAMI, FL 33177	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LUIS JIMENEZ	17391 SW 290TH ST, HOMESTEAD, FL 33030	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

THE FOLLOWING MODIFICATIONS ARE:

- CHANGE OF MGR TO SECRETARY TO: ALBERT G. SAVERY

- ADD AS NEW MGR TO: IDAN ROBAU

- ADD AS NEW AMBR TO: LUIS JIMENEZ

E. Effective date, if other than the date of filing: 04/21/2020 **(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 JUNE 10 2020



Signature of a member or authorized representative of a member

IDAN ROBAU

Typed or printed name of signee

Filing Fee: \$25.00