L20000139634

| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| | | | | | | |
| (Address) | | | | | | |
| , | | | | | | |
| | | | | | | |
| (Address) | | | | | | |
| | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| | | | | | | |
| | | | | | | |
| (Business Entity Name) | | | | | | |
| | | | | | | |
| (Document Number) | | | | | | |
| | | | | | | |
| Cartified Conine Cartificates of Status | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Office Use Only



700351880217

08/14/20--01014--005 ++25.00

O 3.....

OCT 24 2020

COVER LETTER

| TO: | Registration Section Division of Corpor | | 1 | , | | | |
|---------------------------------------|---|--|--|---|--|--|--|
| | | SHOP B | AYLEF | | | | |
| Name of Limited Liability Company | | | | | | | |
| | | | | | | | |
| The en | closed Articles of Am | nendment and fee(s) are sub- | mitted for filing. | | | | |
| Please | return all corresponde | ence concerning this matter | to the following: | | | | |
| Boyari | | |) Estrada Name of Person | | | | |
| | | | | | | | |
| | | | Firm/Company | | | | |
| | 1257 SW 15th Street | | | | | | |
| | | | Address | | | | |
| | | Miami, | FL 33145 | | | | |
| | | beyard E-mail address: (1 | FL 33145 City/State and Zip Code O ES + radaci @ Coto be used for future annual report notification. | Imail.com | | | |
| For fur | ther information conc | erning this matter, please ca | all: | | | | |
| Bayardo Estrada Name of Person | | | at (786) 326 Area Code Daytime | Telephone Number | | | |
| Enclos | ed is a check for the f | ollowing amount: | | | | | |
| X \$2 | 5.00 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 | | | Street Address: Registration Sect | ion | | | |

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | BAYLE | 5 | 2235 11 1 | , 10: 44 | | | | |
|--|---------------------------|------------------------|--------------------------|--------------------------|--|--|--|--|
| (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 Liab Florida document number <u>L200013963</u> | bility Company w | were filed on $05/$ | 22/20 | and assigned | | | | |
| This amendment is submitted to amend the follow | ving: | | | | | | | |
| A. If amending name, enter the new name of t | <u>he limited liabili</u> | ty company here: | | | | | | |
| The new name must be distinguishable and contain the wor Enter new principal offices address, if applicable (Principal office address MUST BE A STREET | ole: | y Company," the design | ation "LLC" or the a | hbreviation "L.L.C." | | | | |
| Enter new mailing address, if applicable: | | | | | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | | | | | |
| | | | | | | | | |
| B. If amending the registered agent and/or regagent and/or the new registered office address | | dress on our recor | ds, <u>enter the nan</u> | ne of the new registered | | | | |
| Name of New Registered Agent: | Boyardo | o Estrada | | | | | | |
| New Registered Office Address: | 1257 SI | W 15th Stre | | | | | | |
| | Mian | <u> </u> | | 33145 | | | | |
| | | 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 1218-11 1110:14 AMBR = Authorized Member Title Name Address Type of Action Leeza Menendez _____ 🗆 🗀 Add 1650 Brickell AVK MRemove Apt 109 Nigmi, FL 33129 DChange ______ 🗀 Add _____ Remove _____ Change _____ □Remove _____ □Change _____ □Remove _____ □Change _____ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 85 1 - million 144 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. Signature of a member or authorized representative of a member Leeza Menendez
Typed or printed name of signee