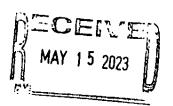
120000158795

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
MAY 15 2023

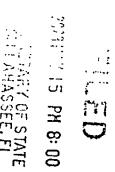
Office Use Only



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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: BAYU	1EW 428, LLC.		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		_	
	AL	ICE FERREIRA. Name of Person	
	GAYU	IEW 428, LLC	
		Thirt outputs	
	2711 S. OCEA	N DRIVE # 2406	
	Houyur	OOD , FL 33049 City/State and Zip Code	
		OHOTMAIL COM-	
	E-mail address: (to be used for future annual report notifi	cation)
For further information e	oncerning this matter, please ca	all:	
ALICE	FERREIRA	at (305) 640	44,30.
	f Person		Telephone Number
Enclosed is a check for the	ic following amount:		
¥ \$25.00 Filing Fee	LI \$30.00 Filing Fee & Certificate of Status		S60.00 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

BAYUIEW 426	
(<u>Name of the Limited Liability Comps</u> (A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000458795</u>	were filed on $06/10/2020$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2711 5 OCEAN DRIVE #2406
(Principal office address MUST BE A STREET ADDRESS)	HOLLYWOOD, FL 33019
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ASSET TO THE PARTY OF THE PARTY
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the natile of the new registered
	NIO THOMAZ
	DE 195 th ST, #720 Emer Florida street address
	MIAMI Florida 33179 City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

Thereby 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 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
AMBR	ANTONIO THOMAZ	800 NE 195th ST #	720, MIAMI, FL 33179
			□Change
AMBR	AUCE FERLEIRA		DAdd
			<u> </u>
			☐ Change
			□Remove
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ote: If the date inserted in this	the date of filing:	able statutory filing requir	(optional) 90 days after filing.) Pursuant to ements, this date will not be	605.0207 (listed as t
ecord specifies a delayed effects is filed.	ctive date, but not an effective ti	me, at 12:01 a.m. on the e	arlier of: (b) The 90th day a	ifter the
ned May 10th	. 2023	 ·		
	. 2023 Olice Signature of a member or author	Ferreira prized representative of a mer	nber	
	ALICE	FERREI RA		