## 120000208352

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## **COVER LETTER**

TO: Registration Se Division of Cor			•
BAZZINO	CONSULTING GROUP LLC		·
SUBJECT:	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:	
	Roberto Di Lena		
		Name of Person	
	MTR & Associates LLC		
		Firm/Company	. <del></del>
	1000 NW 57 CT Stc. 1040	)	
		Address	<del></del>
	Miami, FL 33126		
		City/State and Zip Code	
	FGARCIA@CASINASOC		
		to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Roberto Di Lena		305 471 5874	
Name o	d Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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		Street Address:	action
Registration : Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7.101. -5 F"17: -7

Zip Code

BAZZINO CONSULTING GROU	PILC		
(Name of the Limit	ed Liability Comp (A Florida Limited	pany as it now appears on our records.) (Liability Company)	
The Articles of Organization for this Limited Li Florida document number 1.20000208352	iability Compan	y were filed on <u>07/17/2020</u>	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	f the limited lia	bility company here:	
N/A			
The new name must be distinguishable and contain the w	ords "Limited Lial	oility Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A	
Principal office address MUST BE A STREE	T ADDRESS)		
		N/A	
Enter new mailing address, if applicable:		INIA	
Mailing address MAY BE A POST OFFICE	BOX)		<del> </del>
B. If amending the registered agent and/or ragent and/or the new registered office addres		address on our records, enter the	e name of the new register
Name of New Registered Agent:	MTR & Asso	ciates LLC	
New Registered Office Address:	1000 NW 57	CT Stc. 1040	
		Enter Florida street address	
	Miami	Flori	da <sup>33126</sup>

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added</u> or removed from our records:

or removed from our records:				
MGR = Manager AMBR = Authorized Member	; 10	) <sup>-</sup>	- E:10:57	

<u>Title</u>	<u>Name</u>	Address Address	Type of Action
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			□Remove
		<del></del>	Change
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fective date, if other than the da	ite of filing:	(optional)	/ 0.5 (13.03 /
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ocument's effective date on the Department			
record specifies a delayed effective of is filed.	ate, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day	after the
is filed.			
, SEPTEMBER 11	2020		
ated			
Si	gnature of a member or authorized representative	of a member	_
	•		
	SILVANA B. HERRERA CERDA		

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Filing Fee: \$25.00