Florida Department of State 6507 Division and Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

		Fax Number : (850)617-6383					
	From: Account Name : ALVAREZ, SUAZO & ASSOCIATES Account Number : I20130000076 Phone : (305)388-7028 Fax Number : (305)479-2705						
2/	**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:						
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E	L .	BALBIMAR					
JZU ALIG 12 AG 7:	L.		LLC				
-	L	BALBIMAR Certificate of Status	LLC				

Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	BALBIMAR	LLC		
(Name of the Limi	ted Liability Compa (A Florida Limited	ny as it now appears on o Liability Company)	our records.)	
The Articles of Organization for this Limited L	iability Company	were filed on07/23	3/2020	_ and assigned
Florida document numberL20000216502	·			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liab	oility company here:		
N/A				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	ation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applic	:able:	N/A		
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable:	, pav	N/A	7/20 ::: 02/2	<u> </u>
Mailing address MAY BE A POST OFFICE	BUA		[4.2	. 1
B. If amending the registered agent and registered agent and/or the new registered of			r records, enter th	e name of the new
Name of New Registered Agent:	N/A	···		
New Registered Office Address:				
		Enter Florida si	treet 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

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>	Address	Type of Action
CEO	ACOSTA CHIRINOS, STAMLY A	2500 OLD FARM APTO 114	□ Add
		HOUSTON, TX 77063	■ Remove
			□ Change
MGR	ACOSTA FALCON, LUIS E	2500 OLD FARM APTO 114	
		HOUSTON, T.X. 77063	■ Remove
			Change
MGR	ACOSTA CHIRINOS, LUIS A	2500 OLD FARM APTO 114	
		HOUSTON, TX 77063	Remove
			Change
MGR	CARPIO, ANA	10989 NW 65TH ST	
		DORAL, FL 33178	■ Remove
			Change
MGR	ACOSTA CHIRINOS, ERNESTO J	2500 OLD FARM APTO 114	
		HOUSTON, TX 77063	■ Remove
			Change
			Add
			Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A
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Effect	ive date, if other than the date of filing: O8/05/2020 (optional) fective 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 605.020
Note:	fective 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 605.020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	08/05/2020
-a.cu	
	Signature of a member or authorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00