## LZ0000369398

(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:

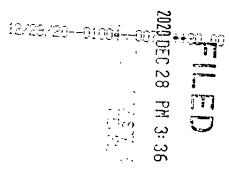




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## COVER LETTER

	gistration Se vision of Co				
SUBJECT:		OAT RG LLC			
SUBJECT:					
The enclosed	d Articles of	Amendment and fee(s) are	submitted for filing.		
Please return	n all correspo	ondence concerning this ma	tter to the following:		
		Gustavo Gambino			
			Name of Person		
		Miami Condo Services	LLC		
			Firm/Company		
		2929 SW 3rd Ave, Sui	te #210		207
			Address	<del></del>	2020 DEC
		Miami, FL 33129			28 1
			City/State and Zip Code		PK
		gusgambino@gmail.cor	n ss: (to be used for future annual report notification)		PM 3: 36
For further i	nformation o	concerning this matter, plea		一点	36
Gustavo Ga	mbino		786 281-5050 at ( )		
	Name (	of Person	Area Code Daytime Telephor	ne Number	_
Enclosed is	a check for t	he following amount:			
☐ <b>\$</b> 25,00 I	Filing Fee	\$30.00 Filing Fee & Certificate of Status	``	\$60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &
Re Dir P.0	riling Addre egistration vision of CO. Box 632 llahassee.	Section Corporations 27	Street Address: Registration Section Division of Corporation The Centre of Tallahass 2415 N. Monroe Street Tallahassee, FL 32303	see	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BA-MA BOAT RG LLC	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 11/23/2020 and assigned
Florida document number L20000369398	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company, "the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office	address on our records, enter the name of the new register
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Floridu
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>

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 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	DIEGO BARRAL	365 Harbor Dr.	<b>■</b> Add
		Key Biscaye, FL 33149	□Remove
			□ Add
			□Rеточе
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			Add No.
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			□Add
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	<del></del>		□Add
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Please add the EIN # 85-4016	8/5		<del></del>			
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Fective date, if other than the n effective date is listed, the date mus	date of filing:		(0	ptional)	Dummer	u to 605 00
ote: If the date inserted in this bl	ock does not meet the	applicable statutory	filing requirements.	this date	will not	be listed
cument's effective date on the De	partment of State's re	ecords.				
ecord specifies a delayed effectiv is filed.	e date, but not an effec	ctive time, at 12:81 :	.m. on the earlier o	f: (b) Th	e 90th d	ay after th
is tiled.						
December 18	2020					
ted	·					
	~	18				
	Signature of a member of	or authorized represent	ative of a member			<del></del>

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Filing Fee: \$25.00