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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TAXPEOPLE LLC
Account Number : 120200000160
Phone : (772)460-1000

Fax Number

: (772)777-3071

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:_	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KOMODO INVESTMENTS, LLC

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Certificate of Status	0
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P.O. Box 6327

Tallabassee, FL 32314

## COVER LETTER

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	Registration Sect Division of Corp			
		nvestments, LLC		
SUBJEC	T:	Name of Limited	d Liability Company	
The encl	osed Articles of A	mendment and fee(s) are submi	itted for filing.	
Please re	eturn all correspon	dence concerning this matter to	the following:	
		Claudio Toledo Ribeiro	•	
			Name of Person	
		TaxPeople, LLC		
			Firm/Company	
		2855 SW Brighton St		
			Address	
		Port St Lucie, FL 34953		
			City/State and Zip Code	
		info@taxpeoplefl.com	be used for future annual report notif	rication)
For fur	ther information o	oncerning this matter, please ca		
	ia T. Ribeiro		772 460-1000	
		of Person	Area Code Daytim	e Telephone Number
Enclos	ed is a check for t	he following amount:		
	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>S60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>
	Mailing Addre Registration Division of	Section Corporations	Street Address: Registration Se Division of Co The Centre of	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO. ARTICLES OF ORGANIZATION OF

TO.		
ARTICLES OF OR	RGANIZATION	,-2. A <sup>rt</sup> t
OF	•	
•		一种 人
KOMODO INVEST	IMENTS, LLC	一家。
(Name of the Limited Liability Compani (A Florida Limited Lia	y as it now appears on our records.)	
(A Fiolias Finned Pa	minty Company)	
The Articles of Organization for this Limited Liability Company v	vere filed on	and assigned
Florida document number L21000015817		
Plorida document number		•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
BARONG INVESTMENTS, LLC  The new name must be distinguishable and contain the words "Limited Liability and Contain the words" and Contain the words "Limited Liability and Contain the words "Limited Liability and Contain the Words" and Contain the words "Limited Liability and Contain the Words" and Contain the Words "Limited Liability and Contain the Words" and Contain the Words "Limited Liability and Contain the Words" and Contain the Words "Limited Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words"	Company" the designation "I I C" or the	ahbreviation "L.L.C."
The new name must be distinguishable and contain the words "Limited Liaons	iv Company, the designation 250 of the	, 400.1
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
17 Thiothar Ville		
		_
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<del></del>
	le series the	ome of the new registered
B. If amending the registered agent and/or registered office a	address on our records, enter the v	ame of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
New Kekistered Office Address.	Enter Florida street address	
	, Florida	a
	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.

□ Change

(((H210000378973)))

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
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ann an an an air air air an aban aba d	date of filing: (optional)
If an effective date is listed, the date must	date of filing:    (optional)
Note: If the date inserted in this blood document's effective date on the Dep	JOK GOES HOT MEET THE TAPPHEAD STATE TO
	•
e record specifies a delayed effective	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
rd is filed.	
TANITADV 27	2021
Dated JANUARY 27	