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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: ALCNSO & GARCIA, P.A. Account Name

Account Number : I20020000031 Phone

: (305)448-3898

: (305)443-9073

Fax Number

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BAU CONTRACTORS LLC**

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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BAU CONTRACTORS LLC			
(Name of the Lim	ted Liability Comm	any as it now annears on our a Liability Company)	3: 50 10810
The Articles of Organization for this Limited I Florida document number L21000080551	Liability Company	were filed on 02/24/2021	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ollity company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation	"LLC" or the obbreviation "L.L.C."
Enter new principal offices address, if appli-	cable:	10380 W STATE RD 84	
(Principal office address MUST BE A STREET ADDRESS)		UNIT I	
		DAVIE, FL 33324	
Enter new mailing address, if applicable:		10380 W STATE RD 84	
(Mailing address MAY BE A POST OFFICE	BOX)	ו דואט	
		DAVIE, FL 33324	
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:	ALONSO & C	GARCIA PA	
New Registered Office Address:	5805 BLUE L	AGOON DR STE 200	
Train tendinal an alternal time and	_	Enter Florida street a	ddress
	MIAMI		_, 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

Title	<u>Name</u>	Address	Type of Action
MGR	Eduardo R.Dandreamatteo	10380 W STATE RD 84	= Add
		UNIT 1	□Remove
		DAVIE, FL 33324	
MGR	ED INVESTMENT GROUP LLC	1100 BRICKELL BAY DR #310807	□Add
		MIAMI, FL 33231	
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
			Change
			DAdd
			Remove
	.	_	Change

tive date, if other than the date of filing: [Coptional] [Signature of a member or sultberized representative of a member [Coptional] [Coptional	N/A	
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