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(((H210002384573)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: ALBER TAX ACCOUNTANT

Account Number : I20150000098

Phone

: (305)713-9142

Fax Number

: (815)550-9948

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BAEZ HOLDINGS LLC

Certificate of Status	0
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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAEZ HOLDINGS, LLC		
(Name of the Limited Liability Cor (A Florida Luni	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Comparation document number L21000149749	any were filed on 03/31/2021	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" o	or the alibreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		SEC. 22
		232 5
Enter new mailing address, if applicable:		SER J
(Mailing address MAY BE A POST OFFICE BOX)		
istaning address stat be a rost of rice boxy	an in management of the last representative and the last r	\$5 .
		<u> </u>
B. If amending the registered agent and/or registered	l office address on our records.	enter the name of the new
registered agent and/or the new registered office address	here:	
		•
Name of New Registered Agent:		an mada dikining 1 pap ng manaman na ngamung papaganana na manaman makababan Sa paga maga mana dal
New Registered Office Address:	Enter Florida street address	
	IT)	
		Zip Code
Van Danistanat Canac's Signature if changing Parietyred Att	·	

New Registered Agent's Signature, if changing Registered Agent:

Page: 2 of 4

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

From: JUAN ALBI

2021-06-17 19:31:12 UTC

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	Name	Address	Type of Action
MGR	LANTIGUA, KATHERINE	10449 NW 6TH STREET	
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To: 18506176383* * * * *

18155509948

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Signature of a metaber or authorized representative of a member	JUNE 17		,	~	
	Dated JUNE 17				