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TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations			
SUBJECT:		erprise LLC			
SUBJECT		Name of Lin	nited Liability Company		
The enclosed	I Articles of	Amendment and fee(s) are sub	omitted for filing.		
		ondence concerning this matter	·		
	•				
		Maria Eugenia Maiori			
			Name of Person	_	
			Firm/Company		
		460 NE 28th st, apt 3907		,	
			Address		
		Miami, Florida. 33137			
		eugeniamaiori@gmail.com	City/State and Zip Code		_
			to be used for future annual	report notificatio	n)
For further in	nformation c	oncerning this matter, please c	all:		
Maria Euger	nia Maiori			5-4157	
	Name o	f Person	at () Area Code	Daytime Tele	phone Number
Enclosed is a	check for th	ne following amount:			
		■ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	ę.	S60.00 Filing Fee,
		Certificate of Status	Certified Copy tadditional copy is encl		Certificate of Status & Certified Copy (additional copy is enclosed)
	:::				
	<u>lling Addres</u> gistration S		Street Ad Registra	<u>Idress:</u> ation Section	
		orporations		n of Corpora	
). Box 632			itre of Tallah	

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Baires Enterprise LLC		
(<u>Name of the Limited Ligh</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 05/11/2021	and assigned
Florida document number L21000219550	·	
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	mited liability company here:	
Baires Health LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	021
		7021 001
		1 2
Enter new mailing address, if applicable:		0
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		ame of the new registered
	-	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City	Zin 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
			🗆 Add
			□ Remove
			□ Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			Change
			□ Remove
		-	Change
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			□Change

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ecti	re date, if other than the date of filing:
i effe	ctive 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 605,0207
ume	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent'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: (b) The 90th day after the
s file	rd.
	September 28th 2021
ied _	
	TEL
	Signature of a member or authorized representative of a member
	Maria Eugenia Maiori