12/14/21, 9:57 AM

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

ACCOUNT Name : BARINAS & ASSOCIATES INC.

Account Number : I20000000082 : (305)871-0889 Phone

Fax Number : (305)870-9623

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 0810 GROUP LLC

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TO:

From: Yanelle Bari

OccuSign Envelope ID 1720C547-3A74-46C4-B506-925CDBD63098

Registration Section

COVER LETTER

Division of Corp	orations			
0810 GROU				
SUBJECT: Name of Limited Liability Company				
The anchoral Articles of a	Amendment and fee(s) are sub	nsitted for filing		
Please return all correspon	ndence concerning this matter	to the following:		
	YANELLE M BARINAS			
		Name of Person		
	BARINAS & ASSOCIAT	ES, INC.		
		Firm/Company		
	5701 NW 36 ST			
	·	Address		
	VIRGINIA GARDENS, F	L 33166		
		City/State and Zip Code		
	BARINASB@GMAIL.CO.		, , , , , , , , , , , , , , , , , , , ,	
		to be used for future annual report notif	neation)	
For further information ec	oncerning this matter, please co	ali:		
YANELLE M BARINAS	5	305 871-0889		
Name of	Person	at ()Daytime	· Telephone Number	
	en :			
Enclosed is a check for th		m memory sold in the	□ 640 00 UU P	
□ \$25,00 Filing Fee	Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	ING ADDRESS:	STREET/COURI Registration Section		
	ation Section n of Corporations	Division of Corpor		

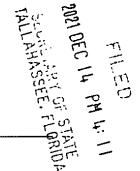
P.O. Box 6327

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

a: 2 of 5 2021-12-14 14:59:15 (

Oocusign Envelope ID: 1720C547-3A74-46C4-B506-925CDBD63098 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



From: Yanelle Bari

0810 GROUP LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our Limited Liability Company)	records.) PLIE
The Articles of Organization for this Limited Liability Co	ompany were filed on 06/08/2021	and assigned
Florida document number L21000267071		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation	n "LLC" of the abbreviation "L L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addr	tered office address on our r ress here:	ecords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	when
	Emer FioridaNree	
	Ciŋ	, Florida ZipCode

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

18882140633 From: Yanelle Bari.

DocuSign Envelope ID: 1720C547-3A74-46C4-8506-925CDBD63098 trainenuing Authorized reison(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
MGR	PATRICIA CHAGUAN GARCIA	253 NE 2ND ST #311	
		MIAMI. FL 33132	■ Remove
			Change
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
· 			
			□ Remove
			☐ Change
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DocuSign Envelop	oe ID: 1720C547-3A74-46C4-B506 GHIZ ARY OTHER HITOTHEARIOF	-925CDBD63098 L'enter vnange(s) here: (Attach addition	nal sheets, if necessary.)	
				
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E. Effective	e date, if other than the da	te of filing:	(optional)	605 0207 (3)(b)
Note: H	'the date inserted in this block	does not meet the applicable statutory filing	requirements, this date will not be	listed as the
documei	nt's effective date on the Depar	riment of State s records.		
If the reco	ord specifies a delayed el	ffective date, but not an effective ti	me, at 12:01 a.m. on the ea	irlier of:
(b) The 9	Oth day after the record	I is filed.		
Dated _	····	OocuSigned by:	Ä	20 20
		MIGLAURA C CHAGUAN GARCIA	Á	2021 DEC 14
	Sig	nature of a member or authorized representative of	ol a member	11.03 11.03 11.33
	CHAGUAN GARCIA, MI		in.	
		Typed or printed mane of signee	FLC	PH 4:
			LORIDA	
		Page 3 of 3	DA.	_

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