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2024 MAY 13 AM 9: 45 SECRETARY OF STATE

COVER LETTER

	Registration S Division of Co			
enn mee		O TWO LLC		
SUBJECT	1:	Name of Lin	nited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	irn all corresp	ondence concerning this matter	to the following:	
		ROSEMARIE SALEM		
			Name of Person	
		BATALITO TWO LLC		
			Firm/Company	
		1438 COOLIDGE STREE	T	
			Address	·
		HOLLYWOOD FL 33020		
	City/State and Zip Code ROSEMARIESALEM@HOTMAIL.COM			2 024 SEC
		E-mail address: (to be used for future annual report notification)	
For further	r information o	concerning this matter, please e	all:	E II 2024 HAY 13 SECRETARY TALLAHA
ROSEMA	RIE SALEM		954 4537 at () Area Code Daytime Telephone No	Crate
	Name (of Person	Area Code Daytime Telephone No	AM 9: 45 SSEE, FL
Enclosed is	s a check for t	he following amount:		
■ \$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	00 Filing Fee, tificate of Status & tified Copy itional copy is enclosed)
R D	<u>Jailing Addres</u> Legistration Division of C LO. Box 632	Section Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BATALITO TWO LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	my were filed on JULY 6, 2021	and assigned
Florida document number 1.21000309515		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		SECTION
		P. P
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		Sol
		1700 0
		严重
B. If amending the registered agent and/or registered office	ee address on our records, enter the n	name of the hew registered
agent and/or the new registered office address here:		
N CN D in the m		
Name of New Registered Agent:	••	-
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	City	Zip Coac

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
MGR	ROSEMARIE SALEM	1438 COOLIDGE STREET	□Add
		HOLLYWOOD FL, 33020	■ Remove
			□Change
MGR	ISABEL SALEM	1438 COOLIDGE STREET	= Add
		HOLLYWOOD FL, 33020	Remove
			Change
MGR	JASON SALEM	1438 COOLIDGE STREET	
		HOLLYWOOD FL, 33020	SECRETA Remote
			TARY OF ST
		_	ARY OF STATE
			□Change
			□Add
			□Remove
			□Change
			🗆 🗆 Add
			□Remove
			[[Change

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Filing Fee: \$25.00