121000309605

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21 AUG 23 PH 3: 10

COVER LETTER

Division of Cor			Ŕ	
	Services ELC			·
SUBJECT:	Name of Lim	ned Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspe	ondence concerning this matter	to the following:		
	Yasbeli Rondon Mora			
		Name of Person		
	Rondon BA Services LLC			
	······································	Firm Company		
	16340 South Post Rd #101			
	<u> </u>	Address		*
	Weston, FL 33331			
		City/State and Zip Code		
	yasbelirondon 1985@hotma E-mail address: (il.com to be used for future annual	report notificat	Tion)
For further information c	oncerning this matter, please c.			
Yasbeli Rondon Mora		786 31 at ()	7-7081	
Name o	f Petson	Area Code	Daytime Te	lephone Number
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is end		☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)
Mailing Addres Registration 9		<u>Street A</u> Registr	ddress: ation Sectic	on
Division of C			n of Corpor	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION

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Rondon BA Services LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability (Company were filed on Huly 06,2021	and assigned
Florida document number 1.21000309605		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the designation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	PRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with a 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 beit or removed from our records:

MGR = Manager AMBR = Authorized Member 21 AUG 23 PM 3: 10

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Ac
AMBR	Yasbeli Rondon Mora		
			□Remove
		16340 South Post Rd # 101 Weston FI 33331	
			□Remove
			
			□Remove
			□Change
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change

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amending any other information, enter change(s) here: Attach ad	ditional sheets, if nevessary i
Update is only to update the Title from a P to AMBR	21 AUG 23 PH 3: 10
	<u> </u>
Tective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing the: If the date inserted in this block does not meet the applicable statutory cument's effective date on the Department of State's records.	(optional) g or more than 90 days after filing.) Pursuant to 605. filing requirements, this date will not be fiste
record specifies a delayed effective date, but not an effect The 90th day after the record is filed.	ive time, at 12:01 a.m. on the earlie
ted August 17th	
Signature of methors or authorized represen	nertice of a member
Signature of member or authorized represer	NACO CO CONTROL
Yasheli Rondon Mora Typed or printed name of sig	

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Filing Fee: \$25.00