

Jan. 3. 2022

6:27:34 AM

No. 5001

P. 1

1/3/22 11:03 AM

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : US TAX CONSULTING INC
Account Number : I20160000060
Phone : (407)674-8969
Fax Number : (407)674-8970

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

Email Address: _____

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BADALI PROPERTIES LLC

Certificate of Status	1
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Page Count	02
Estimated Charge	\$30.00

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
BADALI PROPERTIES LLC**

The Articles of Organization for this Florida Limited Liability Company were filed on 09/17/2021 and assigned Florida document number: L21000411826

Article I

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Article II

**Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)**

5401 S KIRKMAN RD STE 135, ORLANDO FL 32819

**Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)**

5401 S KIRKMAN RD STE 135, ORLANDO FL 32819

Article IV

B. If amending the registered agent and/or registered 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:

New Registered Office Address:

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

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TALLAHASSEE, FLORIDA

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
AMBR	LUMA S2 PROPERTIES LLC	1111 LUTYENS LANE	REMOVE <input checked="" type="checkbox"/>
		CELEBRATION FL 34747	ADD <input type="checkbox"/>

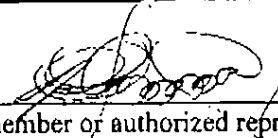
Title	Name	Address	Type of Action
AMBR	CLARISSA KELLER MARTINS CHAU	5401 S KIRKMAN RD STE 135	REMOVE <input type="checkbox"/>
		ORLANDO FL 32819	ADD <input checked="" type="checkbox"/>

C. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

D. Effective date, if other than the date of filing: (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED December 30, 2021.

 ACCOUNTANT
Signature of a member or authorized representative of a member

Rodrigo Cuyalcante
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA