

Florida Department of State
Division of Corporations
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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : FORSYTH & BRUGGER, P.A.
 Account Number : 120040000147
 Phone : (239)263-6000
 Fax Number : (239)263-6757

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

Email Address: **Latinoknow@gmail.com**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EL BASQUE GROUP, LLC

Certificate of Status	0
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C. BRUMBLEY
 OCT 19 2022

2022 OCT 18 AM 11:06
 SECRETARY OF STATE
 TALLAHASSEE, FL

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EL BASQUE GROUP, LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

LINDA FINK, ESQ.

(Contact Person)

FORSYTH & BRUGGER, P.A.

(Firm/Company)

600 5TH AVE S., STE 207

(Address)

NAPLES FL 34102

(City/State and Zip Code)

For further information concerning this matter, please call:

LINDA FINK, ESQ

(Name of Contact Person)

at (239) 263-6000

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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
OF**

EL BASQUE GROUP, 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 09/21/2022 and assigned
Florida document number L21000435016.

This amendment is submitted to amend the following:

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 TALLAHASSEE FL

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:

Enter Florida street address

Florida

City

Zip 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	SANCHEZ, ZULEANNY	25245 CHAMBER OF COMMERCE DR	<input checked="" type="checkbox"/> Add
		BONITA SPRINGS, FL 34135	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SANCHEZ PILOTO, ALEJANDRO	25245 CHAMBER OF COMMERCE DR	<input checked="" type="checkbox"/> Add
		BONITA SPRINGS, FL 34135	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be at least 30 days before the date of filing.)

(If an effective 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 (3)(b)
 Note: If the date inserted in this block does not meet the requirements of 605.0207 (3)(b), the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 10/17/2022

~~Signature of a member or authorized representative of a member~~

JOHN COLON

Typed or printed name of signee