

10/14/24, 5:01 PM

**L21000480199**  
 Division of Corporations  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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(((H24000344155 3)))



H240003441553ABC

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

From: Account Name : JULIO C BARBOSA P.A. DBA BARBOSA LEGAL  
Account Number : I20110000049  
Phone : (305)501-4680  
Fax Number : (305)359-9543

TALLAHASSEE, FLORIDA

2024 OCT 15 AM 11:36

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

Email Address: renewals@barbosalegal.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BACCARAT RE, LLC**

Certificate of Status	0
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**COVER LETTER**

(((H24000344155 3)))

**TO: Registration**  
**Section Division of Corporations**

**SUBJECT:** Baccarat RE LLC  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Erika Kitaoka da Silva

\_\_\_\_\_  
Name of Person

Barbosa Legal

\_\_\_\_\_  
Firm/Company

407 Lincoln Road PH-NE

\_\_\_\_\_  
Address

Miami Beach, FL 33139

\_\_\_\_\_  
City/State and Zip Code

renewals@barbosalegal.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erika Kitaoka da Silva

305 501-4680  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 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)

**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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

(((H24000344155 3)))

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Baccarat RE LLC

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

TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/09/2021 and assigned  
Florida document number L21000480199.

This amendment is submitted to amend the following:

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

N/A

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)**

407 Lincoln RdPH-NEMiami Beach FL 33139

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

407 Lincoln RdPH-NEMiami Beach FL 33139

**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: Barbosa Legal

New Registered Office Address: 407 Lincoln Rd PH-NE

*Enter Florida street address*

Miami Beach Florida 33139

*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.*

/s/ Edwin Cisneros on behalf of Barbosa Legal

**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:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Barbosa Legal	407 Lincoln Rd	<input checked="" type="checkbox"/> Add
		PH-NE	<input type="checkbox"/> Remove
		Miami Beach FL 33139	<input type="checkbox"/> Change
MGR	SEVILLA SERVICES INC.	P.O. BOX 140668	<input type="checkbox"/> Add
		CORAL GABLES	<input checked="" type="checkbox"/> Remove
		FL 33114-0668	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

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 TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 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 October 14, 2024/s/ Edwin Cisneros\_\_\_\_\_  
Signature of a member or authorized representative of a member

Edwin Cisneros Esq. as Authorized Representative of the Members

\_\_\_\_\_  
Typed or printed name of signee