

10/14/24, 5:01 PM

L21000480199

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000344155 3)))



H240003441553ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : JULIO C BARBOSA P.A. DBA BARBOSA LEGAL
 Account Number : I2011000049
 Phone : (305)501-4680
 Fax Number : (305)359-9543

2024 OCT 15 AM 11:36
TALLAHASSEE, FLORIDA
FILED

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
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu Help

RECEIVED

2024 OCT 15 AM 9:20

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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 at (305) 501-4680
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

((H24000344155 3)))

FILED
2024 OCT 15 AM 11:36

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:

407 Lincoln Rd

(Principal office address MUST BE A STREET ADDRESS)

PH-NE

Miami Beach FL 33139

Enter new mailing address, if applicable:

407 Lincoln Rd

(Mailing address MAY BE A POST OFFICE BOX)

PH-NE

Miami 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:

((H24000344155 3))

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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

