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## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT: FIOR	Moda. ILC			
30001;C1: 1 <u>-10;C</u>	Name of Lim	ited Liability Company	<del></del>	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Vakia	Briana Ortiz		
	Katya	Briana OFHZ Name of Person		
	Fiore	Moda LLC		
		Firm/Company		
	3467W 97H			
		Address		
	Hialcan, FL	33018 City/State and Zip Code		
	E-mail address: (	Jamail - UM to be used for future annual report notifie		
For further information ed	oncerning this matter, please co	all:	SECTA	TILED PA 2: 03
Katya Briana (		at ( <u>305</u> ) <u>804- 5126</u> Area Code Daytime		C COMPAN
Name of	Person	Area Code Daytime	Telephone Number	
			SE S	ž 0
Enclosed is a check for th	-		FLAT	00
SV\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, The Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address		Street Address:	ion	
Registration S Division of C		Registration Sect Division of Corpo		
P.O. Box 632		The Centre of Ta		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIOIE MODE, LLC		<del></del>
( <u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on <u>01/05/2022</u>	and assigned
Florida document number <u>L22 0000 12807</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
Baiana, LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the a	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)		
B. If amending the registered agent and/or registered offic		20; SE
B. If amending the registered agent and/or registered offic	e address on our records, <u>enter the na</u>	medithe flew registered
agent and/or the new registered office address here:		HAR T
		27
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		To N
	Enter Florida street address	FAT (2)
	, 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>	Name	Address	Type of Action
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			□Remove
			☐ Change
			□Add
			Remove
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						SSEE	71
			<del></del>		***************************************	FL	PH 2: 03
Effective date, if other than	the date of fi	iling:			(opt	ional)	
If an effective date is listed, the date Note: If the date inserted in the document's effective date on the	must be specific is block does n	c and cannot b not meet the	e prior to date applicable st	of filing or more	than 90 days afte	r filing.) Pursuant t	
ne record specifies a delayed efford is filed.	ective date, but	not an effec	rtive time, at	12:01 a.m. on	the earlier of: (	b) The 90th day	after the
Dated January 1	8	200	24				
Dated JULIOULY							
,	Signature o	of incember of	or authorized r	epresentative of	a member		

Filing Fee: \$25.00