## 122000011807

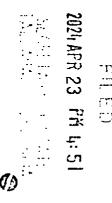
| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
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Office Use Only



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04/23/24--01043--013 \*\*25.00



## **COVER LETTER**

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

| suвлест: <u>Baia</u>   | na LLC                           |                        |  |
|--|----------------------------------|------------------------|--|
|  | Name of Lim                      | ited Liability Company |  |
|  |                                  |                        |  |
| The enclosed Articles of   | Amendment and fee(s) are sub     | mitted for filing.     |  |
| Please return all correspo   | ndence concerning this matter    | to the following:      |  |
|  |                                  |                        |  |
|  | <u>Katya</u> B                   | riana Ortiz            |  |
| Subject: Baiana, 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:  Katya Briana Ortiz  Name of Person  Baiana, LLC  Firm/Company  3467 H 97th Street  Address  Hialeah, FL 33018  City/State and Zip Code  Katya Ortiz blo ground I. Com  E-mail address: to be used for future annual report notification)  For further information concerning this matter, please call:  Katya Briana Ortiz  Name of Person  at 305  Name of Person  at 305  Name of Person  Second of Person  Area Code  Daytime Telephone Number  Second of Person  Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  Street Address:  Registration Section  Division of Corporations  P.O. Box 6327  The Centre of Tallahassee |                                  |                        |  |
|  | Baiana                           | LLC                    |  |
|  |                                  | Firm/Company           |  |
|  | 3467 W                           | 97th Street            |  |
|  |                                  |                        |  |
|  | Hialeah                          | FL 33018               |  |
|  |                                  |                        |  |
|  | Katyaortiz 6                     | 6@gmail.com            | (Testion)                              |
| For further information of   |                                  |                        | incation)                              |
| Tor further information es   | sheething this matter, please co | ait,                   |  |
|  |                                  |                        |  |
| Name of  | Person                           | Area Code Daytim       | e Telephone Number                     |
|  |                                  |                        |  |
|  | •                                |                        |  |
| \$25.00 Filing Fee   | <del>-</del>                     | Certified Copy         | Certificate of Status & Certified Copy |
|  |                                  |                        |  |
| Mailing Addres   | <u>s:</u>                        | Street Address:        |  |
| Registration S   | Section                          | Registration Sc        |  |
|  |                                  |                        | •                                      |
| 1 (O. DUX 0 1/   | ,                                |                        | COLOUIS SEE                            |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Baiana, LLC   |   |
|---|---|
| (Name of the Limited Liability Company as it now ap<br>(A Florida Limited Liability Compa                                       | <u>pears on our records.</u> )<br>ny)             |
| The Articles of Organization for this Limited Liability Company were filed or   | 01/05/2022 and assigned                           |
| Florida document number <u>L 2 2 0 0 0 1 2 8 0 7</u>  |   |
| This amendment is submitted to amend the following:   |   |
| A. If amending name, enter the new name of the limited liability compan   | <u>y here</u> :                                   |
| The new name must be distinguishable and contain the words "Limited Liability Company,"   | he designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   | <b>202</b> 4                                      |
| (Principal office address MUST BE A STREET ADDRESS)   | 2 - Z   |
|   | 23 =  |
|   |   |
| Enter new mailing address, if applicable:   | <del></del>                                       |
| (Mailing address MAY BE A POST OFFICE BOX)  | <u></u>   |
|   |   |
| B. If amending the registered agent and/or registered office address on or agent and/or the new registered office address here: | or records, enter the name of the new register    |
| 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 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>              | Address            | Type of Action |
|--------------|--------------------------|--------------------|----------------|
| <u>VP</u>    | Jacquelyn A Beguiristain | 3467 w 97th street | □Add           |
|              |                          | Hialeah, FL 33018  | ⊠Remove        |
|              |                          |                    | □Change        |
|              |                          | <del></del>        |                |
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| Effective date, if other than the date of filing:   | _                    |
|---|----------------------|
| Effective date, if other than the date of filing:   |                      |
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| Effective date, if other than the date of filing:   |                      |
| Effective date, if other than 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 60 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lis document's effective date on the Department of State's records.  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 distribution of the filed. | _                    |
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| ord is filed.   | 505.0207<br>isted as |
| Dated April 19 2024   | fter the             |
|   |                      |
|   |                      |
| Signature of a member or authorized representative of a member  |                      |