## h22 0000 15709

(Req	uestor's Name)	
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(Addı	ess)	
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(City/	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doc	ument Number)	
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A. BUTLER FEB 2 8 2022

## **COVER LETTER**

		,	
SUBJECT:		nited Liability Company	•
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jenny Countz		
		Name of Person	
	Name of Limited Liability Company  closed Articles of Amendment and fee(s) are submitted for filing.  return all correspondence concerning this matter to the following:    Jenny Countz    Name of Person		
	5511 Parkerest Drive, Suit	te 103	
		Address	
	Austin, TX 78731		
For further information c		·	
Jenny Countz			
Name o	f Person		
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee		Certified Copy Certifical (additional copy is enclosed) Certified	te of Status & Copy
Division of C		Division of Corporations	
P.O. Box 632		The Centre of Tallahassee	10
Tallahassee. 1	rt 52514	2415 N. Monroe Street, Suite 8	IU

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Baez Legacy Ventures LLC

2022 FEB 14 PM 12: 51

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) SECRETARY OF STATE The Articles of Organization for this Limited Liability Company were filed on OH/06/2022 TABLEARASSEE, F. Florida document number  $\underline{L22000015709}$ 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 "LLC," 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 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 \_\_\_

## 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.

City

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
AMBR	Rosario Roman	969 Blue Hill Avenue	■Add
		Milton, MA 02186-2301	□Remove
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Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this blocument's effective date on the D	ock does not meet the app	dicable statutory filing	re than 90 days after tiling.) Pursi requirements, this date will r	uant to 605,0207 (. not be listed as th
e record specifies a delayed effectived is filed.	e date, but not an effective	e time, at 12:01 a.m. or	the earlier of: (b) The 90tl	n day after the
February 8				
Jated				
/s/ Andrea Rosanna	ı Baez			
		nthorized representative o	f a member	