

(((H220001620393)))



H220001620393ABCZ

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 : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 12000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

FUSTI	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BAQUERO INVESTMENTS USA LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

MAY -5 2022

M. SOLOMON

Electronic Filing Menu

Corporate Filing Menu

Help

2022 MAY -4 FT 4: 47

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAQUERO INVESTMENTS US.		
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records. impany)	)
The Articles of Organization for this Limited Liability Company were filed	d on02/07/202	22 and assigned
Florida document numberL22000065266		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability com	pany here:	
The new name must be distinguishable and contain the words "Limited Liability Compar	ny," the designation "LLC"	o: the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202
Principal office address MUST BE A STREET ADDRESS)		2
		12 AY - 1
Enter new mailing address, if applicable:		<u>'a P</u>
(Mailing address MAY BE A POST OFFICE BOX)		⊃ <u>-, rō</u>
· 		
B. If amending the registered agent and/or registered office address of agent and/or the new registered office address here:	on our records, <u>enter (</u>	the name of the new registere
Name of New Registered Agent:	-, ···	
New Registered Office Address:	7 7 1	*.
	Enter Florida street address	5
		orida
City		Zip Code

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	NABILA LAFAURIE	2775 NE 187TH ST	
		MIAMI, FL 33180	□Remove
			□Change
<del></del>			□Add
			□Remove
			Change
<del></del>			DAdd 2022 HA
			□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
	•		☐Change ☐
			□Remove
			Change
<del></del>			□Add
			□Remove
<del></del>			DAdd
			□Remove
			□Change

	-		
			<del>-</del>
			<del></del>
		<del></del> -	
			_
			<del></del>
			_
		<del></del>	_
		<del></del>	_
	<del></del>	- · · · · ·	202
		ै / १ । श्रेष्ट , ५३ ए / १९	2 MAY
		3-7	
		14	<del></del>
		: 	PH 12:
			0.
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  Note: If the date inserted in this block does not must be prior to	(option		- ,
Note: If the date inserted in this block does not meet the applicat document's effective date on the Department of State's records.	e statutory filing requirements, this d	ate will not be lis	ted as th
record specifies a delayed effective date, but not an effective timed is filed.	at 12:01 a.m. on the earlier of: (b)	The 90th day after	er the
- 10 1000			
Dated May 4th 2022			
May 4th	expresentative of a member		

Filing Fee: \$25.00