## L22000086610

Office Use Only



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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Corp	orations			
	BATERIAS	LA MUNDIAL, LLC			
SUBJECT:		Name of Lim	ited Liability Company	<u> </u>	<del></del>
The enclosed	l Articles of A	amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		NINOTCHKA HECHT			
			Name of Person		
		FAST FILING SERVICES	SILLC		
			Firm/Company		
		10450 NW 33RD ST STE	305		
			Address		
		DORAL, FL 33172			
			City/State and Zip Code	<del></del>	
		FASTFILINGSERVICES@	GMAIL.COM		
		E-mail address: (	to be used for future annual (	report notification)	
For further in	nformation co	ncerning this matter, please co	all:		
NINOTCHKA HECHT			786 at ( )	762 20 48	
<u> </u>	Name of	Person	Area Code	Daytime Telepho	one Number
Enclosed is a	i check for the	e following amount:			
■ \$25,00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ifing Address gistration S	<del></del>	Street Ac Registra	<u>Idress:</u> ation Section	
	vision of Co Box 6327	•		n of Corporatio	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BATERIAS LA MUNDIAL, LLC	•		
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I Florida document number <u>L22000086610</u>	Liability Compan	y were filed on 03/29/2022	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company." the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		202
			#
Enter new mailing address, if applicable:		N/A	85.7 <b>★</b> 98.7 <b>★</b> 98
(Mailing address MAY BE A POST OFFICE	E BOX)		- 17
			2
B. If amending the registered agent and/or agent and/or the new registered office addronal Name of New Registered Agent:  New Registered Office Address:	***	Enter Florida street address	
		Florid	a Zin Code
		City	zw 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>	<u>Name</u>	<u>Address</u>	Type of Action
MBR	RAED SAFADY	10450 NW 33RD STREET	
		SUITE 305	<b>≡</b> Remove
		DORAL, FL 33172	
MGR	MIGUEL SAFADY	10450 NW 33RD STREET	□Add
		SUITE 305	<b>≡</b> Remove
		DORAL, FL 33172	□ Change
MGR	LENIN CRUZ	8601 NW 94TH STREET	<b>≘</b> Add
		UNIT 210 W	□Remove
		MIAMI, FL 33156	ि Ch चिट्ट
N/A	N/A		□ Change  HAY  Add
			Remove (
			□Change
N/A	N/A		\ \_Add
			□Remove
			□ Change
N/A	N/A	<u> </u>	□Add
			□Remove
			☐ Change

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Filing Fee: \$25.00