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(Req	uestor's Name)	
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(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

BAGARO	LLC			
SUBJECT:	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub			
	KRISTINE L R ESPARZA			
		Name of Person		
	BAGARO LLC			
		Firm/Company	·	
	17528 POLO TRAIL			
		Address	 	
	LAKEWOOD RANCH, F	L 34211		20
		City/State and Zip Code	- Je	22 J
	KRISTINE_ESPARZA@Y			=
		to be used for future annual report noti-	fication)	1 3: 15 JUL 18 PH 3: 12
For further information c	oncerning this matter, please co	aii:	i i i i i i i i i i i i i i i i i i i	بن جو سائد الم
KRISTINE L R ESPAR	ZA	630 981-4564 at ()	1-1-1	ಕ ಹ
Name o	f Person	Area Code Daytime	e Telephone Number (3)	-∾
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &
Mailing Addres Registration S		Street Address: Registration Sec	ction	
Division of C	Corporations	Division of Cor	porations	
P.O. Box 632	.7	The Centre of T	allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5 B

		الله ب الشار
(Name of the Limited Liability Company a (A Florida Limited Liabi	s it now appears on our records.) lity Company)	三百 三 温
The Articles of Organization for this Limited Liability Company wer	re filed on MARCH 21, 2022	and assigned
Florida document number L22000137931		ယ္
This amendment is submitted to amend the following:		では、
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 C	Company," the designation "LLC" or	the 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 office addragent and/or the new registered office address here:	ress on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florid	la

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
AMBR	KRISTINE L R ESPARZA	17528 POLO TRAIL, LAKEWOOD RANCH, FL 34	2 _ ■ Add
			_ □Remove
			_ □Change
			_ □Add
			_□Remove
			□Change
			_ □Add
			_ □Remove
			_ □Change
			_ □Add
			_ □Remove
			_ DChange
			_ □Add
			□Remove
			_ DChange
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			□Remove
			□ Change

	ner information, enter change(s) here: (Attach additional sheets, if necessary.)
<u></u>	
- -	
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Note: If the date inse	ther than the date of filing:
record specifies a do	layed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
JULY 9 Dated	2022
Jaco	fruit Illa
	Signature of a member or authorized representative of a member
KRISTIN	ELR ESPARZA
	Typed or printed name of signee

Filing Fee: \$25.00