# L22000417025

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certificates of Status
ecial Instructions to Filing Officer:





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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BAUDO LLC				
<del></del>				
<del></del>			1	Art of Inc. File
			1	LTD Partnership File
			1	Foreign Corp. File
				L.C. File
				Fictitious Name File
			ļ —	Trade/Service Mark
				Merger File
			<u> </u>	Art, of Amend, File
				RA Resignation
			<u> </u>	Dissolution / Withdrawal
			\	Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
Signature				Vehicle Search
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Requested by: SETH	11/10/22			UCC 1 or 3 File
	$\frac{11/18/22}{2}$	Tr'		UCC 11 Search
Name	Date	Time		UCC 11 Retrieval
Walk-In Thomssvire, GA 8/00	Will Pick Up			Courier

### **COVER LETTER**

	LLC		
-1: <u> </u>	Name of Li	imited Liability Company	
osed Articles	of Amendment and fee(s) are si	ubmitted for filing.	
eturn all corres	pondence concerning this matte	er to the following:	
	SUSANA SALDARRIA	.GA	
		Name of Person	
	DIEGO L RESTREPO F	P.A.	
		Firm/Company	<del></del>
	2600 SOUTH DOUGLA	AS ROAD SUITE 913	
		Address	
	CORAL GABLES, FL,	33134	
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
			fication)
ier informatioi	i concerning this matter, please	call:	
A SALDARR	IAGA	305 447-9430 at ( )	
Name	e of Person		e Telephone Number
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00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
		Street Address: Registration Sec	ction
Division of	Corporations	Division of Cor	porations
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	er information A SALDARR Name I is a check for 00 Filing Fee  Mailing Addi Registration Division of P.O. Box 6	Name of Letters of Amendment and fee(s) are settern all correspondence concerning this matter.  SUSANA SALDARRIA  DIEGO L RESTREPO F  2600 SOUTH DOUGLA  CORAL GABLES, FL,  SSALDARRIAGA@RES  E-mail address er information concerning this matter, please A SALDARRIAGA  Name of Person  Lis a check for the following amount:  00 Filing Fee   \$30.00 Filing Fee &	Division of Corporations  BAUDO LLC  T:  Name of Limited Liability Company  Sosed Articles of Amendment and fee(s) are submitted for filing.  turn all correspondence concerning this matter to the following:  SUSANA SALDARRIAGA  Name of Person  DIEGO L RESTREPO P.A.  Firm/Company  2600 SOUTH DOUGLAS ROAD SUITE 913  Address  CORAL GABLES, FL, 33134  City/State and Zip Code  SSALDARRIAGA@RESTREPOLAW.COM  E-mail address: (to be used for future annual report notice information concerning this matter, please call:  A SALDARRIAGA  Name of Person  A Saldarriag Fee Certificate of Status  Certificate of Status  Street Address:  Registration Section  Division of Corporations  P.O. Box 6327  The Centre of

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 NOV 22 PM 12: 04

**BAUDO LLC** (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 09/23/2022 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: KEY INVESTMENTS VENTURES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 3575 SW 23 ST Enter new principal offices address, if applicable: MIAMI, FL 33145 (Principal office address MUST BE A STREET ADDRESS) 3575 SW 23 ST Enter new mailing address, if applicable: MIAMI, FL 33145 (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

#### 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>	Name	Address	Type of Action
MGR	INTERNATIONAL ADVISORS	2600 SOUTH DOUGLAS ROAD, SUITE 913	□Add
	SERVICE LLC	CORAL GABLES, FL 33134	Remove
		<del></del>	□ Change
MGR	KATIA GLORIA STELLA NIÑO	3575 SW 23 ST	<b>\</b>
	DE PRIETO	MIAMI, FL 33145	□Remove
			□Change
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Signature of a member of authorized representative of a member		W			
f	Signature of a member of authorized rep	rescutative of a member			
DIEGO L. RESTREPO, ESQ., AS AUTHORIZED REPRESENTATIVE OF A MEMBER	<i>f</i>	<i>y</i>			
	Typed or printed name of	<del></del>			

Filing Fee: \$25.00