## L22000427-285

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## **COVER LETTER**

Division of Cor			
SUBJECT: 38	ALLON LLC	<u>.</u>	
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Juan Dieg	OHERNANDES Name of Person	Diaz
	BEALLON	J LLC Firm/Company	<del></del>
	10101 SW	27 th TER Address	
	MIAMI FL	, 33165 City/State and Zip Code	
		9M9°L · WM o be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca		ncanon
Juan Diego	HERNANDES DE	972 at ( <u>186</u> ) <u>834</u> S Area Code Daytim	2116
Name o	f Person	Area Code Daytim	e Telephone Number
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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632	Section Corporations 7	Street Address: Registration Second Division of Core The Centre of T	porations
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BSALLON IIC

JOSEP 10

(Name of the Limited Liability Company as it now app. (A Florida Limited Liability Company)	ears on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L22000 427285</u> .	1010412022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the	e 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 address on our agent and/or the new registered office address here:	records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	lorida street address
Enter F	toriaa street aaaress
City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent	C2 725

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>	Address	Type of Action
MGR	DANIELA HERNANDEZ DIA	12 10101 SW 27th TER MIAMI FL, 33165	XAdd
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			□Change

## Page 2 of 3

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Effective date, if other than the date of filing: 04/20 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 meet the applica document's effective date on the Department of State's records.	to date of filing or more than 90 da	lys after filing.) Pursuant to 605,0207
ne record specifies a delayed effective date, but not	: an effective time, at 12	2:01 a.m. on the earlier of
The 90th day after the record is filed.		
Dated MAY 12th . 2024		
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10 h		
DA-		

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Filing Fee: \$25.00