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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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COVER LETTER

TO: Registration of	n Section Corporations		,
Baffon	e LLC		·
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Article	es of Amendment and fee(s) are sul	bmitted for filing.	
Please return all corr	respondence concerning this matter	r to the following:	
	Ryan Cipparone, Esquire		
			
	-	Firm/Company	
		Address	
	Lake Mary, FL 32746		
		City/State and Zip Code	
	reipparone@cipparonepa.c	om (to be used for future annual report noti	tication)
For further informati	on concerning this matter, please of	•	Heaten
Ryan Cipparone, Es	quire	321 275-5914	
Na	me of Person		e Telephone Number
Enclosed is a check t	for the following amount:		
■ \$25.00 Filing Fe	e S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			SEC TA

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Baffone LLC	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on March 14, 2024 and assigned
Florida document number L24000128299	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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 a agent and/or the new registered office address here:	address on our records, enter the name of the new registo
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida
	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 faithfliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this domment 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	Valeria S. Blasi Vargas	1070 Montgomery Rd. #2083	□Add
		Altamonte Springs, FL 32714	■Remove
			□Change
AMBR	Marco Marotta	1070 Montgomery Rd. #2083	⊒ Add
		Altamonte Springs, FL 32714	□Remove
			□Change
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record	cherifies a delayed effective data		, ac raive aim. On me	carrier or. (0)	THE 70th (iay aiter	uic
	specifies a delayed effective date, if.	out not an effective time					
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d is filed	1. 03/25/2024 Valeria Blasi	, 2024			SECRETA	2024 APR	
rd is filed	1. 03/25/2024 Valeria Blasi		ed representative of a m	ember	SECRETARY OF S	2024 APR - 1 PM 4:	

Filing Fee: \$25.00