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COVER LETTER

	Registration Se Division of Cor			
		ip Group LLC		
SUBJEC	1:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Omar Al Massalkhi		
			Name of Person	
		B O gata Group Group 11 L1	.C	
			Firm/Company	_
		17024 5 W 51st Ct		
			Address	
		Maraman FL 33027	Iramar FL 33027	-1,
		t the Z5willian comme	City/State and Zip Code	·
		lgoble@talkintacos.net E-mail address: (to be used for future annual report notification)	•
For furthe	er information c	oncerning this matter, please ca		. - : :
Omar Al	Massalkhi		954 446-3175	:: :::09
	Name o	f Person	at () Area Code —— Daytime Telephone Numb	er
Enclosed	is a check for th	ne folk win _{es} amount:		
■ \$25.0	00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	Filing Fee. cate of Status & cd Copy al copy is enclosed)
	Mailing Addres Registration 5		Street Address: Registration Section	
Ī	Division of C	orporations	Division of Corporations	
	P.O. Box 632 Fallahassee. 1		The Centre of Tallahassee 2415 N. Monroe Street, Suite	810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Batata Group Group 11 LLC		
(N <mark>ame of the Limited Liability Co</mark> (A Florida Lini	ompany as it now appears on our records. ited Liability Company))
The Articles of Organization for this Limited Liability Comp	oany were filed on 04/10/2024	and assigned
lorida document number L24000169751		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
Batata Group 11 LLC		
he new name must be distinguishable and contain the words "Limited I	Liability 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	<u> </u>	
		- - - :
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
3. If amending the registered agent and/or registered of	fice address on our records, <u>enter t</u>	he name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
•		
New Registered Office / ddress:	Enter Florida street address	
	, Floi	eida
	, F10)	rida Zip 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Remove
			->> ⊡Change
			□Add
			☐Remove
			☐Remove ☐Change
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_____ □Remove

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ffective date, if other than the an effective date is listed, the date mustote: If the date inserted in this blocument's effective date on the Document	ock does not meet the applicable statutory	(optional) g or more than 90 days after filing.) Pursuant to 605.020 r filing requirements, this date will not be listed a
record specifies a delayed effective is filed.	date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after the
ated May 15	2024	
	Massalkhi	
	Signature of a member or authorized represen	

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