

(Reque	estor's Name)
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PICK-UP	
(Busin	ess Entity Name)
(Docur	nent Number)
Certified Copies	Certificates of Status
Special Instructions to Filin	ng Officer:
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03/25/25-51.00



COVER LETTER

TO: **Registration Section Division of Corporations**

BAUDEL CONSULTING LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUIS EDUARDO MUGICA

Name of Person

BAUDEL CONSULTING ELC

Firm/Company

14234 SW 289TH TERRACE

Address

HOMESTEAD, FL 33033

City/State and Zip Code

baudel@firstcargo.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS EDUARDO MUGICA

Name of Person

786 251 4040 at (Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 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)

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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

BAUDEL CONSULTING 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 05/22/2024	_ and assigned
Florida document number L24000238267	

This amendment is submitted to amend the following:

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 Company," the designation "LLC" or the abbreviation "LLC."

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 agent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
		······································
New Registered Office Address:	Enter Florida street a	ddress
		, Florida
	City	Zin 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 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
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			⊑Add
			🗆 Remove
			⊡Change

D.	If amending any other	information.	enter change(s) here:	(Attach additional s	sheets, if necessary.)
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E. Effective date, if other than the date of filing: ______ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

20TH SEPTEMBER	, 2024	
Sign	ature of a member or authorized representative of a member	
MUGICA, LUIS E.		