Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000382056 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: LAMADRID FINANCIAL SERVICES CORP Account Name

Account Number : 120200000059 Phone

: (954)727-9771

Fax Number

: (954)727-9773

\*\*Enter the email address for this business entity to be used for futureannual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BITALAT LLC**

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K. SALY

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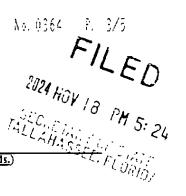
## **COVER LETTER**

	egistration Se vision of Cor			
CID TECT	BITALAT			
SUBJECT	:		lited Liability Company	<del></del>
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
		ndence concerning this matter		
		YACQUELINE ESTIVAI	UZ BUSTILLOS	
			Name of Person	<del> </del>
			Firm/Company	
		945 SW 153RD PATH		
			Address	
		MIAMI, FL 33194		
		EACDITI ADS COLVII C	City/State and Zip Code	
		FASBITLABS@GMAIL.C E-mail address: (	OM to be used for future annual report notifi	ication)
For further:	information c	oncerning this matter, please c		
YACQUEL	INE ESTIVA	RIZ	786 793-1051 at( )	
Name of Person		Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
\$25,00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re Di P.0	eiling Addressing Segistration Servision of Co. Box 632	lection orporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 810

H240003820563

Nov. 18, 2024 | 11:02AM

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF



BITALAT 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 Florida document number L24000467623	y Company were filed on 11/05/202	4 and assigned
This amendment is submitted to amend the following	<del>,</del> ;	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Lizbility Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:	,	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address her		enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida stree	t address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registe	ered Agent:	
I hereby accept the appointment as registered ages	nt and agree to act in this canacit	v. I further goree 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

H 24000 3820563

If Nov. 13, 2024;11:03AMerson(s) authorized to manage, enter the title, name, and address No. 0364 perco. 4/5ng added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Brenda M Velasquez Jordan	945 SW 153RD PATH	□Add
		MIAMI, FL 33194	□Remove
			≅Change
AMBR	Michael J Velasquez Jimenez	945 SW 153RD PATH	\ \_Add
		MIAMI, FL 33194	□Remove
			🗏 Change
AMBR	Christian D Diez Zambrana	945 SW 153RD PATH	<b>≅</b> Add
		MIAMI, FL 33194	□Remove
			□ Change
			□Add
			Change P Add
<del></del>			(E) \(\hat{\chi}\)
			55. 22. DReffiove
			□ Change
————	<del></del>		
			□Remove
			Change

iffective date, if other than the date of filling:  (optional)  (so 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.  Once: If the date inserted in this block does not meet the applicable stanutory filing requirements, this date will not be liste locument's effective date on the Department of State's records.  Tecord specifics a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after d is filed.	
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2	
1 //// /	<del></del>
- Haguland	
Signature of a member or authorized representative of a member	re of a member or authorized representative of a member

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