

Nov 18, 2024 11:02AM

Division of Corporations

No. 0064 P. 1/5

L24000467623

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LAMADRID FINANCIAL SERVICES CORP
Account Number : 120200000059
Phone : (954)727-9771
Fax Number : (954)727-9773

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: info@lamadridfinancial.com

2024 NOV 18 PM 5:24
TALLAHASSEE, FLORIDA

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2024 NOV 18 AM 11:13

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

K. SALY

NOV 19 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BITALAT LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

YACQUELINE ESTIVARIZ BUSTILLOS

Name of Person

Firm/Company

945 SW 153RD PATH

Address

MIAMI, FL 33194

City/State and Zip Code

FASBITLABS@GMAIL.COM

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

For further information concerning this matter, please call:

YACQUELINE ESTIVARIZ

786

793-1051

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

H 240003820563

Nov. 18. 2024 11:02AM

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

No. 0364 P. 3/3

FILED

2024 NOV 18 PM 5:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Company were filed on 11/05/2024 and assigned
Florida document number L24000467623

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 "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 records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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

H 240003820563

If ^{Nov. 13, 2024 11:03AM} person(s) authorized to manage, ^{No. 0364} enter the title, name, and address ^{P. 4/5} per... ^{eng added} or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Brenda M Velasquez Jordan	945 SW 153RD PATH	<input type="checkbox"/> Add
		MIAMI, FL 33194	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Michael J Velasquez Jimenez	945 SW 153RD PATH	<input type="checkbox"/> Add
		MIAMI, FL 33194	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Christian D Diez Zambrana	945 SW 153RD PATH	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33194	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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NOV 13 2024
11:03 AM
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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2024 NOV 18 PM 5:24
REC'D ASST. CLERK
FULTON COUNTY

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.

Dated 11/18/2024

Signature of a member

Signature of a member or authorized representative of a member

YACQUELINE ESTIVARIZ

Typed or printed name of signee

H/240003820563