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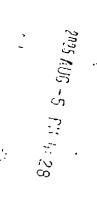
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#### **COVER LETTER**

. TO:

Tallahassee, FL 32314

	egistration Se ivision of Cor					
enn irzst		BARUC 7 SERVICES LLC				
SUBJECT	:	Name of Lim	ited Liability Company			
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retu	rn all correspo	ndence concerning this matter	to the following:			
		SOLEYTH LOTERO VA	LENCIA			
			Name of Person			
		BARUC 7 SERVICES LL	C			
		<u> </u>	Firm/Company	<del></del>		
		4007 HEADWATERS W	AY APT 409			
		· · · · · · · · · · · · · · · · · · ·	Address	<del> </del>		
		ORLANDO, FL. 32837				
			City/State and Zip Code	-		
		RAPIDTAXBUSINESS@0				
			to be used for future annual report not	(fication)		
For further	information c	oncerning this matter, please c	all:			
SOLEYTH LOTERO VALENCIA  Name of Person		407 415-4465				
			ne Telephone Number			
Enclosed is	s a check for th	ne following amount:				
□ <b>\$</b> 25.00	Filing Fee	S30.00 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)		
	ailing Addres		Street Address:			
Registration Section Division of Corporations		Registration Se Division of Co				
	O. Box 632		The Centre of I	-		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

2025 AC 1 5 CO PH 4: 34 **OF** 

### **BARUC 7 SERVICES 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 02/26/2025 and assigned Florida document number L25000098448 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." 4007 HEADWATERS WAY Enter new principal offices address, if applicable: **APT 409** (Principal office address MUST BE A STREET ADDRESS) ORLANDO FL. 32837 4007 HEADWATERS WAY Enter new mailing address, if applicable: **APT 409** (Mailing address MAY BE A POST OFFICE BOX) ORLANDO FL. 32837 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 \_

#### 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	<u>Address</u>	Type of Action
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