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 : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

F	Address:			
email.	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BAIRES ING SRL LLC**

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

JUL -8 2022

M. SOLOWON

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAIRES ING SRL LLC				
(Name of the Limited Liability Company as it nov (A Florida Limited Liability Company)	wappears on our records.) mpany)			
The Articles of Organization for this Limited Liability Company were filed	d on05/09/2022	and assigned		
Florida document number <u>M2200008120</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability comp	oany here:			
The new name must be distinguishable and contain the words "Limited Liability Compan	ry," the designation "LLC" or the ab	obreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		7 (189 179 179		
		-7		
Enter new mailing address, if applicable:		77. JP		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office address o	n our records, enter the nan	ne of the new register		
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 provisions of all statutes relative to the proper and complete performa	in this capacity. I further ag ance of my duties, and I am	ree to comply with to		

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>	<u>Name</u>	Address	Type of Action
MGR_	URBANO NAVARRO, MARIA	AGUSTINA 7901 4TH ST N STE	6979 □Add
		MIAMI, FL 33138	⊠Remove
			□Change
		<u></u>	□Add
			☐ Change
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			Remove
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n amenon.	ng any other information	n, enter change(s) here: (Attach additional)	sneets, y necessary.j	
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			: 10	54:
(If an effective Note: If th	e date is listed, the date must be	ate of filing: especific and cannot be prior to date of filing or more the does not meet the applicable statutory filing requirement of State's records.	(optional) nan 90 days after filing.) Pursuant to 605.0 quirements, this date will not be listed	1207 (3)(t I as the
the record spectord is filed.	ecifics a delayed effective d	ate, but not an effective time, at 12:01 a.m. on th	ie earlier of: (b) The 90th day after t	the
Dated	July 7	, 2022		
		Rilly Pak.	and the second s	
	Si	gnature of a member or authorized representative of a	incinger	
		Riley Park Typed or printed name of signee		

Filing Fee: \$25.00