L14000131321

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10:	Registration Secondary		.≱			
SUBJI		LAS INVESTMENTS LLC				
30031		Name of Lim	ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please	return all correspon	ndence concerning this matter	to the following:			
		DANY ABRAHAM				
			Name of Person			
		KSDT & COMPANY				
		•	Firm/Company			
	9300 S DADELAND BLVD SUITE 600					
			Address			
		MIAMI, FL, 33156				
			City/State and Zip Code			
		JKUSHNER@KSDT-CPA.				
		E-mail address: (to be used for future annual report notifi	cation)		
For fur	ther information co	oncerning this matter, please ca	all:			
JONATHAN KUSHNER		305-670- 3370 at ()				
	Name of	f Person	Area Code Daytime	Telephone Number		
Enclos	ed is a check for th	ne following amount:				
■ \$2	5.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BB DOUGLAS INVESTMENTS LLC					
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number L14000131321	were filed on <u>08-21-2014</u>	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."			
Enter new principal offices address, if applicable:	303 EAST 83rd STREET SUITE #6B	rd STREET SUITE #6B			
(Principal office address MUST BE A STREET ADDRESS)	NEW YORK, N.Y. 10028				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)		76			
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		the name of the ne			
Name of New Registered Agent:		£ 0			
New Registered Office Address:	Enter Florida street address	7			
	, Florida	7in Code			
	City	Tin 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

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 ≈ A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
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Signature	of a member or aut	norized represen	tative of a member			

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