### LLC AMND/RESTATE/CORRECT OR M/MMG RESIGN

**BAMIA 2 LLC**

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<th>Certificate of Status</th>
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<td>Page Count</td>
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<td>Estimated Charge</td>
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**To:** Division of Corporations  
Fax Number: (850) 617-6363  

**From:**  
Account Name: C T CORPORATION SYSTEM  
Account Number: PCA000020025  
Phone: (514) 220-3306  
Fax Number: (514) 320-0845

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

**Email Address:**

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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.

(((H190002771513)))
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BANIA 2 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 05/13/2015 and assigned Florida document number 115000084799.

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:

EnterFloridastreetaddress

City: _____________________, Florida 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
<table>
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<th>Title</th>
<th>Name</th>
<th>Address</th>
<th>Type of Action</th>
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</thead>
<tbody>
<tr>
<td>AMBR</td>
<td>Reclai Hassan Ikbal</td>
<td>601 BRICKELL KEY DR, STE 1000 Miami, FL 33131</td>
<td>Add</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMBR</td>
<td>Galina Russell</td>
<td>601 BRICKELL KEY DR, STE 1000 Miami, FL 33131</td>
<td>Add</td>
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</table>
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 615.0207 (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 ____________________________

_______________________________
Signature of a member or authorized representative of a member

Theresa Mohan

Typed or printed name of signer

Page 3 of 3

Filing Fee: $25.00