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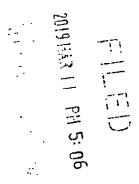
| (Requestor's Name) |
|-----------------------------------------|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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TO:

| | Registration Se Division of Cor | | | |
|-----------|------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| enn 167 | | L INVESTMENTS LLC | • | |
| SUBJEC | .l: _ <u></u> _ | | | |
| The encl | osed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please re | eturn all correspo | ondence concerning this matter | to the following: | |
| | | CAROLINA GARCIA | | |
| | | | Name of Person | |
| | | CG PRO BUSINESS CON | SULTING LLC | |
| | | | Firm/Company | |
| | | 9100 CONROY WINDER | MERE RD SUITE 200 | |
| | | | Address | |
| | | WINDERMERE, FL, 347 | 36 | |
| | | info@egprobusiness.com | City/State and Zip Code | |
| For furth | er information e | E-mail address: (oncerning this matter, please ca | to be used for future annual report notif til: | ication) |
| CAROL | INA GARCIA | | 786 594 1269 | |
| _ | Name o | f Person | | Telephone Number |
| Enclosed | Lis a check for ti | ne following amount: | | |
| ■ \$25.0 | 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) |
| | Registr Divisio | ING ADDRESS: ration Section on of Corporations ox 6327 | STREET/COURI Registration Section Division of Corpora Clifton Building | 1 |

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BCG REAL INVESTMENTS LLC | | |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------|
| (<u>Name of the Limited Li</u> (A F) | ability Company as it now appears on or orida Limited Liability Company) | <u>ir records.</u>) |
| The Articles of Organization for this Limited Liabili Florida document number 1.19000030402 | ty Company were filed on <u>01/29/20</u> | 19 and assigned |
| his amendment is submitted to amend the followin | <u>5</u> . | |
| A. If amending name, enter the new name of the | limited liability company here: | |
| N/A | | |
| he new name must be distinguishable and contain the words | Limited Liability Company," the designat | ion "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable | N/A | |
| Principal office address MUST BE A STREET AI | | 2013 |
| Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u> | N/A | |
| 3. If amending the registered agent and/or registered agent and/or the new registered office | C. | records, enter the name of the |
| Name of New Registered Agent: N | /A | |
| New Registered Office Address: | /A | |
| | Enter Florida stro | ret address |
| _ | | , Florida |
| | City | Zip Code |

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 adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|-----------------|------------------------------|----------------|
| MGR | CAROLINA GARCIA | 9100 CONROY WINDERMERE RD | = Add |
| | | SUITE 200 | □ Remove |
| | | WINDERMERE, FL 34786 | ☐ Change |
| | | | |
| | | | □ Remove |
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| the control of the co | this block does not mee | t the applicable | te of filing or more than statutory filing requi | (optional) 190 days after filing.) Purst rements, this date will n | ignt to 605,0207 (3 of be listed as th |
| f the record specifies a de b) The 90th day after th | | e, but not ar | effective time, | at 12:01 a.m. on th | ne earlier of: |
| Dated MARCH 6 | | 2019 | | | |
| | June Signature of a mer | · | | | |
| | Signifure of a mea | nber or authorized | representative of a me | ember | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00