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SECRETARY OF STATE

J. SHIVERS MAY 0 1 2015

## **COVER LETTER**

TO: Registration Section Division of Corpor			
SUBJECT: BAY	10 EUVESTI	YENTS LIC	
Subsect.	Name of Limit	ted Liability Company	<u> </u>
The enclosed Articles of Ame	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	nce concerning this matter to	o the following:	
	MARI	A BAYO Name of Person	
		Name of Person	
-	BAYO	INVESTMENTS Firm/Company	LLC
-	9737 NW 41	ST STREET SUITE	998
-	DORAL FL	32178 City/State and Zin Code	
	mary rosi bay	32178 City/State and Zip Code To Chotmail. com The be used for future annual report notificat	ion)
For further information conce			
MARIA BI	440	at (954) 512 443 Area Code Daytime Te	34
Name of Per	son	Area Code Daytime Te	lephone Number
Enclosed is a check for the fo	llowing amount:		
\$25.00 Filing Fee	1 \$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**

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) (ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 1400038079</u> .	were filed on <u>03/06/201</u>	4 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabil</u>	ity company here:	
The new name must be distinguishable and end with the words "Limited Liabil	lity Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4815 NW 79th	AUENUE
(Principal office address MUST BE A STREET ADDRESS)	SUITE #9 DORA	L FL 33166
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 here:  Name of New Registered Agent:		er the name of the ne
Name of New Registered Agent.		S 2 (Park
New Registered Office Address:	Enter Florida street address	
	, Florida	5 N. 5
New Registered Agent's Signature, if changing Registered Agent:	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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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Filing Fee: \$25.00

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