

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

209000088980

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BAL 2008, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
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16 AUG 25 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 AUG 15 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTICE

4/1/16/25

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BAL 2008, 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 09/15/2009 and assigned
Florida document number L09000088980

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)

10200 NW 110th Avenue

Suite 1

Miami, Florida 33178

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:

Enter Florida street address

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

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	Monrey Foundation, Inc.	1000 Brickell Avenue	☐ Add
		Suite 400	☒ Remove
		Miami, Florida 33131	☐ Change
MGR	Mourey Foundation, Inc.	10200 NW 110th Avenue	☒ Add
		Suite 1	☐ Remove
		Miami, Florida 33178	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[This section contains horizontal lines for amendments, which are crossed out with a diagonal line.]

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.) Pursued to 605.5207 (3)(b)
Note: If the date inserted in this block does not meet the applicable mandatory filing requirements, this date will not be listed as the document's effective date in 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:
(a) The 90th day after the record is filed.

Dated August 9, 2016

[Handwritten signature]

Signature of a member or authorized representative of a member

ANGEL FIDALGO

Typed or printed name of Signer

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TALLAHASSEE, FLORIDA

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