Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN

Account Number : I20020000140 Phone

Fax Number

: (561)844-3600 : (561)842-4104

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN B.I.P. HOLDINGS, L.L.C.

Certificate of Status	0
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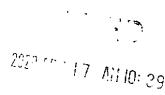
TO: Registration Sect Division of Corpo			
	NGS, L.L.C.		_
SUBJECT:	Name of Limite	d Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	itted for filing.	
Please return all correspond	dence concerning this matter to	the following:	
	Gregory R. Cohen, Esq		
		Name of Person	
	Cohen Norris Wolmer Ray	Felepman Berkowitz Cohen	
		Firm/Company	
	712 U.S. Highway One, Sui	te 400	
		Address	
	North Palm Beach, FL 3340	8	
		City/State and Zip Code	
	E-mail address: (to	APA AOL. COM	fication)
For further information co	oncerning this matter, please ca	11:	
Gregory R. Cohen		56! 844-3600 at ()	
Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassec, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



B.I.P. HOLDINGS, L.L.C.		
(Name of the Limited Liability Comps (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L04000048976	were filed on <u>06/30/2004</u>	and assigned
This amendment is submitted to amend the following:		·
A. If amending name, enter the new name of the limited liab	ility company here:	•
The new name must be distinguishable and contain the words "Limited Liabi	lity 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 agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	۲IA	rida
	City	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

04-17-20 03:27pm From-

T-575 P.04/05 F-772

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>	Name	Address	Type of Action
MGR	ADRIENNE PAPA	1124 SAN MICHELE WAY	= Add
		PALM BEACH GARDENS, FL 33418	□ Remove
·			□ Change
MGR	MICHAEL PAPA	1124 SAN MICHELE WAY	Z Add
		PALM BEACH GARDENS, FL 33418	□Rcmovc
			□Change
CEO	MICHAEL PAPA	1124 SAN MICHELE WAY	🗆 Add
		PALM BEACH GARDENS, FL 33418	ZRemove
			Change
			🖸 Ađd
			□Remove
			Change
			🖸 Add
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			□Remove
			□Change

							
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(If an effect	tive date is listed, the	than the date one date must be specific this block does on the Department	cific and cannot be is not meet the a	pnor to date of nun pplicable statutor	g or more than 90 o	_ (optional) lays after filing.) Pursus rnts, this date will no	int to 605.0207 of be listed as t
the record s	specifies a delaye i.	ed effective date,	but not an effect	ive time, at 12:01	a.m. on the earli	er of: (b) The 90th	day after the
	Anril	174	, 2020				
Dated _							

Filing Fee: \$25.00

Typed or printed name of signee