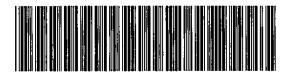
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:

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J. SAULSBERRY EXAMINER

OCT 25 2013

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: BIA

BIANKA II, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filling.

Please return all correspondence concerning this matter to the following:

MITCHELL KATZ CPA

Name of Person

FREUND KATZ GOLDSTON YOUNG CO., P.A.

Firm/Company

210 N UNIVERSITY DR STE # 302

Address

CORAL SPRINGS FL 33071

City/State and Zip Code

MKATZ@TAX-DOCTOR.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MITCHELL KATZ

954,345-8666

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 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)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ty Company as it now appears on or i Limited Liability Company)	ur records.)
Company were filed on 09/28/20	007 and assigned
sources I	
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ords "Limited Liability Company," the	e designation "LLC" or the abbreviati
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Citu	_, Florida
	RESS) attered office address on our rediress here:

Now 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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title	<u>Name</u>		Type of Action
MGRM	KATAYOUN ABAE	201 N PINE ISLAND RD	✓ Add
		PLANTATION FL 33324	Remove
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	Magreen I Wicheller
	Signature of a member of authorized representative of a member
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

2013 OCT 24 KM 9: 18