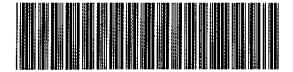
L07006113476

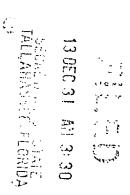
(Re	equestor's Name)	
(Ac	ddress)	
(A-	Idress)	
(^(iuress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ru	isiness Entity Nan	me)
(50	isiness Endry Ivan	ne,
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





100254913321

12/31/13--01018--003 **30.00



COVER LETTER

TO:

Registration Section Division of Corporations

CUDIFCT:

BANF OF FLORIDA LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

ERICK MAGNO

Name of Person

ERICK MAGNO, PL

Firm/Company

1401 BRICKELL AVE, SUITE 520

Address

MIAMI, FL 33131

City/State and Zip Code

Marcie@magnolaw.com

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

For further information concerning this matter, please call:

MARCIE GREGORIO

__,305,3**79-4400**

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 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

 m^{V}

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BANF OF FLORIDA LLC			_	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		_	
The Articles of Organization for this Limited Liability Company Florida document number <u>L07000113476</u>		and	d assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and end with the words "Lim: "L.L.C."	nted Liability Company," the designation	"LLC" or	the abt	previation
Enter new principal offices address, if applicable:	1401 BRICKELL AVENUE	- 7		
(Principal office address MUST BE A STREET ADDRESS)	SUITE 520	- F	<u>ت</u>	. 424
	MIAMI, FL 33131		: M	1 1 1 40
		3.5		• . •
Enter new mailing address, if applicable:	1401 BRICKELL AVENUE	m _c	77	
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 520		613	_
	MIAMI, FL 33131	2825 2025	ည	- Verrain I
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the nan	ne of	the new
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street ac	ddraec		
	Enter Florida Street ad	141 622		
	, Florida _			

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 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.

City

Zip Code

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 <u>Title</u> Name **Address** Type of Action 25 SE 2ND AVE, STE 1235 BANF FINANCE INC MGR MIAMI, FL 33131 1401 BRICKELL AVENUE **MGR** MARCIA MONTOYA **SUITE 520** Remove MIAMI, FL 33131 Remove : Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	PLEASE AMEND PRINCIPAL, MAILING AND MANAGER
	ADDRESS TO 1401 BRICKELL AVENUE, SUITE 520
	MIAMI, FL 33131
Dated _	Alexical Michaell
	Signature of a member or authorized representative of a member
	MAINO VINDER
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

PALLAHASSEE FLO