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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

Biscayne Administrative Services, 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:

Juan Cortes

Name of Person

Biscayne Administrative Services, LLC

Firm/Company

1548 Brickell Ave

Address

Miami, FL 33129

City/State and Zip Code

juan.cortes@biscaynecapital.com

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

For further information concerning this matter, please call:

Juan Cortes

_{...}305、856-2525

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Biscayne Administrative Services, 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 Compa	ny were filed on June 1, 2009	and assigned		
Florida document number L09000053274				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	iability company here:			
The new name must be distinguishable and end with the words "I" "L.L.C."	imited Liability Company," the designa	ation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS		-1 1-1		
Enter new mailing address, if applicable:		Sie To		
(Mailing address MAY BE A POST OFFICE BOX)		٠. ا		
	·			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address because in the control of the		nter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	. Floric	, Florida		
-	City	Zip Code		
New Registered Agent's Signature, if changing Registered Age	nt:			

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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

$\mathbf{AMBR} = \mathbf{A}_{\mathbf{I}}$	uthorized Member		
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
MGR	Allegiance Partners, Inc.	1548 Brickell Ave	✓ Add
		Miami, FL 33129	Remove
MGR	Weisson Holding LLC	1548 Brickell Ave	Add
		Miami, FL 33129	Remove
			Add
			Remove
			SSY Add
			Remove
			Add
			Add
			Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	Article VII - Ownership Interest	
	33.4% Juan Cortes	
	33.3% Allegiance Partners, Inc	
	33.3% Weisson Holding LLC	
	ctive date, if other than the date of filing:	(3)(b)
	Signature of a member or authorized resentative of a member	
	Typed or printed name of signce Page 3 of 3	

Filing Fee: \$25.00