<u>1000039883</u>

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT N	1AIL				
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status	<u></u>				
Special Instructions to Filing Officer:					
	[.				

Office Use Only

G. MCLEOD

MAR 13 2012

EXAMINER



400224024384

03/12/12--01002--003 **25:00

12 MAR 12 PH 1:55

SENTE CAPY OF STATE
OF LARRASSEE, FLORIDA

COVER LETTER

Division of Cor	porations	**	,
SUBJECT:	BL USA INV	ESTMENTS, LLC	
b		ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Be ⊈ alel Belolo	
		Name of Person	
		Firm/Company	
	701:	2 San Sebastian Circle	
		Address	
	В	oca Raton, FL 33433	
		City/State and Zip Code	
	E-mail address: (1	o be used for future annual report notific	ation)
For further information of	oncerning this matter, please c	all:	
Q	esalel Belolo	. FG1	271-4865
	of Person	at (561) 2 Area Code & Daytime	
Enclosed is a check for the	he 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

Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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**

BL US	SA INVES	<u>TMENTS, LL</u>	C			
(Name of the Limited Lie (A Flo	ability Compar orida Limited L	ny as it now appear liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liabi		were filed on	April 13, 2010	<u>)</u> a	and ass	signed
This amendment is submitted to amend the following	ing:					
A. If amending name, enter the new name of th	e limited liab	ility company her	<u>re</u> :			
The new name must be distinguishable and end with the "L.L.C."	he words "Limi	ted Liability Compa	any," the designatio	n "LLC"	or the	abbreviatio
Enter new principal offices address, if applicable:		7012 San Se	bastian Circle			
(Principal office address MUST BE A STREET)	ADDRESS)	Boca Raton,	FL 33433	J. 460	73	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7012 San Se Boca Raton,	bastian Circle FL 33433	AMAGRICA FOR	MAR 12 PM I:	
B. If amending the registered agent and/or registered agent and/or the new registered office			our records, ent	1000	un name	of the ne
Name of New Registered Agent:	Besalel Bel	olo				
New Registered Office Address:	7012 San S	Sebastian Circle	e nter Florida street	address		
	-				2241	22
		Boca Raton City	, Florids		3343 ip Cod	
N. D. i.e. N. D. Charles of showing Decision	-:	•			•	

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 Changing Registered Agent, Signature of New Registered Agent

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> <u>Address</u> · Name Type of Action MGR Sharona Levi 134 NW 16th Street Unit # 10 ☐ Add Boca Raton, FL 33432 Remove Shlomo Levi MGR 134 NW 16th Street Unit # 10 ☐ Add ☑ Remove Boca Raton, FL 33432 ☐ Add Remove ☐ Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00