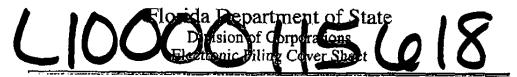
Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

: (561)694-8107.

Fax Number

: (561)694-1639

er the email address for this business entity to be used for rule annual report mailings. Enter only one email address please **Enter the email address for this business entity to be used for futur

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BOHEMIAN VICTORY LLC**

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

,	BOHEMIAN VICTORY LLC	
(Name of the Limited Line (A Flor	ulity Company at Il now appears on our records.) ids Limited Dability Company)	·
The Articles of Organization for this Limited Liability	Company were filed on 11//05/2010	and assigned
Florida document number I.10000115618		
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the li-	niited ilability company liere:	
The new name wast he distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the a	1 .
Enter new principal offices address, if applicable:		i6 SEI
(Principal office address MUST BE A STREET ADI	DRESS)	
		<u> </u>
Enter new mailing address, if applicable:		- 179 - 1
(Mailing address MAY BE A POST OFFICE ROX)	-	- S & C
		24 -
		> N
B. If amending the registered agent and/or registered agent and/or the new replatered office ad		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Morida street address	
	. Florida	
14	City	Zip Code
New Registered Agent's Signature, if changing Register	red Agonti	

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 filled to merely reflect a change in the registered office address, I hereby confirm that the limited Hability company has been notified in writing of this change.

If Changion Registered Agent, Signature of New Registered Agent

If smending 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

Title	Name	Address	Type of Agtion
MGRM	MARIO L ROVELLA	JOCO BRICKBLL AVENUE, 400	□ Add
			Ramove
		MIAMI, PLORIDA 33131	[] Change
MOR	MAGEB BUSINESS LTD.	1000 BRICKELL AVENUE, 400	■ Add
			□ Romove
		MIAMI, FLORIDA 33131	C Change
		*	D Add
			□ Remove
	·		☐ Changs
			bbA CI
			☐ Remove
			☐ Change
			□ Add
			CI Remove
	•		16 H
			DANG T
			Ramove
	Page 2	of 3	H 9: 12

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			•			
Effective date, if other to the control of the cont	in this black does no on the Department o delayed effective	ng: nd cannot be prior to de inned the applicable I State's records.	sis of filing or more that a latutory filing requi	rements, this date w	vill not he listed as U	1)(b) 18