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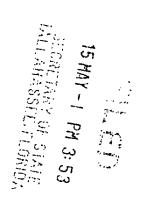
(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
· (Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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COVER LETTER

	gistration Sec ision of Corp		the state of the	
SUBJECT:	B & N Re	alty Enterprise, LLC		
DODGEOTI		Name of Limit	ted Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return	all correspon	dence concerning this matter to	o the following:	
		Paul G. Schlichte, Es	sq.	
			Name of Person	
		Ray A. Schlichte Jr. I	P.A.	
			Firm/Company	•
		2134 Hollywood Blvd	1.	
			Address .	
		Hollywood, Fla. 3302	20	
			City/State and Zip Code	
		pschlichte@schlichtel		·
		E-mail address: (to	o be used for future annual report notifica	ition)
For further in	nformation co	ncerning this matter, please ca	II:	
Paul G. S	Schlichte, E	≣sq.	954 923-4604	
•	Name of	Person	Area Code Daytime T	elephone Number
Enclosed is a	a check for the	e following amount:		
■ \$25.00 F	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

B & N Realty Enterprise, LLC

(Name of the Limited Liability Company as it now appears on our records.)

	a Limited Liability Company)	•
The Articles of Organization for this Limited Liability CF Florida document number L11000016305	Company were filed on <u>02/07/2011</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and end with the words "Liu	mited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
	,	
Enter new mailing address, if applicable:		_
(Mailing address MAY BE A POST OFFICE BOX)		
		20.
		the name of the r
		20.
registered agent and/or the new registered office add	lress here:	20.
Name of New Registered Agent:		20.
	lress here:	15 MAY - 1 P

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 AMBR = Authorized Member **Address** Type of Action <u>Title</u> **Name MGRM** Boris Vaysman 15962 NW 14 Place □ Add Pembroke Pines, Fl. 33025 ■ Remove **MGRM** Natalia Sheps 500 Three Islands Blvd. #418 ■ Add Hallandale Bch., Fl. 33009 ☐ Remove _ Add _□ Remove _□ Add ☐ Remove ☐ Add _□ Add ☐ Remove

. If amen	ling any other information, enter change(s) here: (Attach additional sheets, if	necessary.)
		
_		· · · · · · · · · · · · · · · · · · ·
		
	e date, if other than the date of filing: (ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 his document is filed by the Florida Department of State)	optional) days after
Dated _	4/22 , 2015.	
	BUlles	
	Signature of a member or authorized representative of a member	
	Boris Vaysman	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

