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SECRETARY OF STATE

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COVER LETTER

	ion Section of Corporations		
SUBJECT: B.N ASSET MANAGEMENT LLC			
SOBJECT.	Name of Limited Liability Co		
The enclosed Artic	eles of Amendment and fee(s) are submitted for filing	Ţ,	
Please return all co	prrespondence concerning this matter to the following	3 :	•
	Carlos Tramo	Carlos Tramontana Sr.	
	Name of P	Name of Person	
		,	Ž.
	Firm/Company		CAR A
Post Office Box 7784 Address			
	Addres	s	100 miles
	Wesley Chapel, I		
	City/State and	•	2
	peassetmanagementg E-mail address: (to be used for futu	roup@yanoo.com	
For further inform	ation concerning this matter, please call:		
	at ()	
1	Name of Person	Area Code & Daytime Telepho	ne Number
	k for the following amount:		
\$25.00 Filing I	Certificate of Status Certifie		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 ADE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ	
	a accessionally of a set of a transfer and a transf	Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B. N ASSET MANAGEMENT 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 Company were filed on February 14, 2012 and assigned L12000021302 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Post Office Box 7784 Wesley Chapel, Florida 33545 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

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

Type of Action Address Title Name MGRM Carlos Tramontana Sr. Post Office Box 7784 ✓ Add Wesley Chanel, Florida 33545 Remove Add ☐ Remove ☐ Add Remove Add Remove 6 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 22 2012 Dated_ Signature of a member or authorized representative of a member Carlos Tramontana Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00