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COVER LETTER

TO:

Registration Section **Division of Corporations**

BAZRA Sixteenth, LLC

Name of Limited Liability Company

4:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sheryl J. Manning

Name of Person

William C. Lewis, Jr. P.A.

Firm/Company

1428 Brickell Ave., Suite 503

Address

Miami, FL 33131

City/State and Zip Code

manning@lawbrickell.com

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

For further information concerning this matter, please call:

Sheryl J. Manning

at (786) 425-2284

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, N 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

BAZRA Sixteenth, LLC	
(Name of the Limited Liability (A Florida I	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number L13000097698	Company were filed on July 9, 2013, effective July 8, 2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and end with the wor "L.L.C."	ords "Limited Liability Company," the designation "LLC" or the abbrevia
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDI	DRESS)
	HAN POST
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	OK 2: 2
	D _G 20
B. If amending the registered agent and/or regist registered agent and/or the new registered office add	istered office address on our records, <u>enter the name of the</u> dress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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.

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>Name</u>	Address	Type of Action
MGR	Nayla Zacur	1550 Saragossa Avenue	Add
·		Coral Gables, FL 33134	Remove
			
			_ Add
			_ Remove
			-
			_ L Add
			Remove
		Spin Gentler Frenches	Add
		AHASSEE F	Remove
			P Add
		.]>' `	Remove
· <u>·</u>			Add
			Remove

). If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) The Baracatt D. Zacur Revocable Trust u/t/d as of July 8, 2013 is now the sole member of the LLC.
	Current trustees of said Trust (the sole member) are Flora Zacur, Yamil Zacur, and Enrique Zacur.
:	
•	
ated _	9/12/13
	Hna Zaum
	Signature of a member or authorized representative of a member Flora Zacur, trustee
	Typed or printed name of signee

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Filing Fee: \$25.00

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