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Office Use Only



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Registration Section

P.O. Box 6327 Talfahassee, FL 32314

Div	ision of Cor	porations					
CHDIEZT.		ROUPLLC					
SUBJEC.1:		Name of Lim	ited Liability Company				
The enclosed	l Articles of	Amendment and feets are sub	mitted for filing.				
Please return	all correspo	ondence concerning this matter	to the following:				
		MONICA HALPORN					
			Name of Person				
		KERAT GROUP LLC					
			Firm/Company				
	5481 WILES RD STE 505						
			Address				
		COCONUT CREEK FL3	3073				
		monicahalval@hotmail.con	City/State and Zip Code				
		E-mail 7.dress: (to be used for future annual report notifi	cation)			
For further in	aformation c	oncerning this matter, please co	all:				
MONICA HALPOR			954 623-7527				
	Name o	f Person	at ()	Telephone Number			
Enclosed is a	i check for th	ne following amount:					
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fre & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building	L			

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KERAT GROUP LLC		
(Name of the Limited (A	Liability Company as it now appears on our record Florida Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liab		and assigned
Florida document number 1.13000144038	·	
This amendment is submitted to amend the follow	ring:	
A. If amending name, <u>enter the new name of t</u>	ne limited liability company here:	BC2
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET	ADDRESS)	<u>υ</u> υ
		<u></u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	9X)	
		
B. If amending the registered agent and/or registered agent and/or the new registered office		s, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	Y
<u>.</u>	Fla	orida
	City	Zip Code

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 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 vis change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

· 1, · 1 · ·

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JAVIER VALDECANTOS	5481 WILES RD STE 505	Add
		COCONUT CREEK FL 33073	■ Remove
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	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	er of
ated _	Decombon 15 , 2017.	
	(m/dvaldconto)	

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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00