

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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BANB LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | BANE | | | | |
|--|--|--|----------------------------|------------------|------------|
| (Name of the Limite | d Liability Compa A Florida Limited | iny as it now annears on our r Liability Company) | ecords.) | ^- | |
| The Articles of Organization for this Limited Liz | | were filed on October 18, | 2013 | and assigned | |
| This amendment is submitted to amend the follo | wing; | | • | | |
| A. If amending name, enter the new name of | the limited liah | ility company here: | | | |
| The new name must be distinguishable and contain the wo | ords "Limited Liabi | lity Company," the designation | "LLC" or the abbrey | riation "L.L.C." | - |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | 650 West Avenue | | | _ |
| | | Unit 2201 | | 2-1 | - |
| | | Miami Beach, FL 33139 | | | ; |
| Enter new mailing address, if applicable: | | 650 West Avenue | | CRETA | |
| (Mailing address MAY BE A POST OFFICE BOX) | | Unit 220! | | SE | 1 that say |
| | | Miami Beach, FL 33139 | | M _C > | |
| B. If amending the registered agent and/or registered agent and/or the new registered off Name of New Registered Agent: | or registered of tee address her | Mice address on our rec <u>e</u> : | cords, <u>enter the</u> | LOND A | ne |
| New Registered Office Address: | 650 West Aver | nue, Unit 2201 | | | |
| CONT. LABOUR AND THE LINE CONT. | Enter Florida street address | | | | - |
| | Miami Beach | | , Florida ³³¹³⁹ | | _ |
| | | Clty | - | 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 this change.

If Changing Registered Agent, Signature of New Registered Agent

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If amending 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 | <u>Name</u> | Address | Type of Action |
|-------------|---------------------|---------------------------------------|----------------|
| MGR | William I. Cox, III | 650 West Avenue | |
| | | Unit 2201 | ☐ Remove |
| | | Miami Beach, FL 33139 | ☐ Change |
| MGR | Beatrice I. Cox | 650 West Avenue | |
| | | Unit 2201 | □ Remove |
| | | Miami Beach, FL 33139 | ☐ Change |
| | | | . □ Add |
| | | · · · · · · · · · · · · · · · · · · · | Remove |
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| | | | Change |

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| D. If amending any other information, enter change(s) here: (Attach additional sheets, if | necessary.) (((H17000151921 3))) |
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| Effective date, if other than the date of filing: Upon Filing (of (if an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records. | optional) after filing.) Pursuant to 605,0207 (3)(b) this date will not bordstones the |
| If the record specifies a delayed effective date, but not an effective time, at 12:0 (b) The 90th day after the record is filed. | 01 a.m. on the earlie of: |
| Dated May 4 , 2017 | |
| Signature of a member of muthorized representative of a member | |
| Beatrice I. Cox Typed or printed name of signee | |

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Filing Fee: \$25.00

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