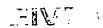
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(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER _____

rations			4.5			
BL GR	APHICS LLC					
Name of Line	ited Liability Company					
nendment and fee(s) are sub	mitted for filing.					
ence concerning this matter	to the following:					
	BELINA LIZARZABAL					
	Name of Person					
BL GRAPHICS LLC						
	Firm/Company		2822 NOV 14			
9805 NW 52nd Street #108						
Address						
Doral FL 33178						
	City/State and Zip Code		VSSEC.F			
the characteristic and	pipaandbelu@gmail.com	· · · · · · · · · · · · · · · · · · ·	でいる。			
	·	neactor)				
ARZABAL	786 271-1714					
		e Telephone Number				
following amount:						
■ \$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)				
porations						
	E-mail address: (cerning this matter, please concerning this matter, please concerning this matter. E-mail address: (cerning this matter, please concerning this matter) E-mail address: (cerning this matter)	BI, GRAPHICS LLC Name of Limited Liability Company mendment and fee(s) are submitted for filing. ence concerning this matter to the following: BELINA LIZARZABAL Name of Person BI, GRAPHICS LLC Firm/Company 9805 NW 52nd Street #108 Address Doral FL 33178 City/State and Zip Code pipaandbelu@gmail.com E-mail address: (to be used for future annual report not) cerning this matter, please call: ARZABAL Area Code Total T14 Area Code Certificate of Status Certified Copy (additional copy is enclosed) Street Address: Registration See porations Street Address: Registration See Division of Cor	BL GRAPHICS LLC Name of Limited Liability Company mendment and fee(s) are submitted for filing. BELINA LIZARZABAL Name of Person BL GRAPHICS LLC Firm/Company 9805 NW 52nd Street #108 Address Doral FL 33178 City/State and Zip Code pipaandbelu@gmail.com E-mail address: (to be used for future annual report notification) retrining this matter, please call: ARZABAL TRACTORE Area Code S55.00 Filing Fee & Gertified Copy (additional copy is enclosed) Street Address: Registration Section Registration Section			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

 7.	A Florida Limited	Liability Company)				
The Articles of Organization for this Limited Liability Company were filed on 10/18/2013 Florida document numberL13000147792					_ and assigned	
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of	the limited liab	oility company here:		25		
	PIPA AND BEI		 < <u><</u>	122 N	::	
The new name must be distinguishable and contain the wo	rds "Limited Liab	lity Company," the designation	on "LLC" or the abbr	eviation .L.		
Enter new principal offices address, if applica	ble:	N/A 		7 -	7	
(Principal office address MUST BE A STREET ADDRESS)				<u> </u>		
				¹¹ 이 토 제공: <u>-</u>		
		N/A	ĩ	- N		
Enter new mailing address, if applicable:		1877				
(Mailing address MAY BE A POST OFFICE B	(OX)					
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:	•	address on our records.	enter the name	of the new	registere	
New Registered Office Address:	N/A					
		Enter Florida stree	1 address			
			, Florida			
		City		Zip Code		
New Registered Agent's Signature, if changing Ro	rgistered Agent	<u>.</u>				
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regist being filed to merely reflect a change in the re company has been notified in writing of this c	r and complete tered agent as egistered office	performance of my dua provided for in Chapter	ties, and I am fa r 605, F.S. Or, if	miliar with Othis docun	and nent is	
	If Cha	nging Registered Agent. Sign	nature of New Regi	stered Agent		

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
	N/A	N/A	
			□Remove
			□Change
			Sol Residence of the second se
			□Remove □Change
			□Add
			□Remove
			□Add
		,	□Remove
			□Change
			□Add □Remove
			D Change

Typed or printed name of signce