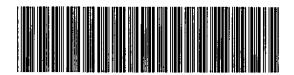
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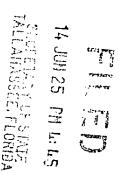
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## **COVER LETTER**

TO: Registration Section Division of Corporation				
SUBJECT:		BoHeme ted Liability Company	uc	<del></del>
The enclosed Articles of Am	endment and fee(s) are subr	nitted for filing.		
Please return all corresponde	ence concerning this matter t	to the following:		
	NAT	TALY TOVI	AR	
	LA B	elle BoHer Firm/Company	ne,ll	<u>C</u>
	1712 SW ¿	Address	APT 30	8
	MIAMI	F 3312	.9	
		City/State and Zip Code		
-	Nataly . Tova E-mail address: (to	r @ Gmail-	COM	
For further information conc			report nonneamon,	
	tovar	at ( <u>954</u> ) Area Code	08459	112
Name of Pe	rson	Area Code	Daytime Telepho	one Number
Enclosed is a check for the f	ollowing amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc		\$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 ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on MIAMI, (a/20/14) and as Florida document number 113000159194.

The Articles of Organization for this Limited Liability Company	y were filed on MIRM) (2)	01/9 and assigned
Florida document number <u>L13000159194</u> .	, .	
From document number		
This amendment is submitted to amend the following:		The second of th
	1	Sign Comments
A. If amending name, enter the new name of the limited lial	bility company here	inger. [inger: more respective.
	14	7 7 7
The new name must be distinguishable and end with the words "Limited Lial	hility Company " the decignation "LLC"	orthe abbreviation "I I C"
The new title that be distriguishable and the wint the words. Ellined Line	omy company, the designation Lee	Sign of
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
The state of the s		
	and the second second	manufacture of the second seco
Enter new mailing address, if applicable:		america mente
(Mailing address MAY BE A POST OFFICE BOX)		
AMULLING BELLEVIS MAT BE AT OST OFFICE BOX)		<del> </del>
		<del>, ,</del>
B. If amending the registered agent and/or registered of		enter the name of the new
registered agent and/or the new registered office address he	<u>r</u> e	/
Name of New Registered Agent		, market and the second se
Tunio of the World of Tigone	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address		
	Enter Florida street address	
	Flori	do

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending the Managers or Authorized Memberon our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DIANA ZAPATA	2330 CORAL WAY	🗆 Add
		2330 CORAL WAY # 21, CORAL GABIES FL	Remove
		37145.	
<del></del>	<del></del>		D Add
			□ Remove
	<del></del>		Enter Discourse
			Remove 1
			□ Add
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		·	□ Add
			□ Remove

D., If amending any other information, enter change(s) here: (Attach additional sheets, if necessary  WST Semove Diana Lapata  Manks	··)		
E. Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)  Dated  JUNE 20 TH  2014			
Signature of a member or authorized representative of a member  NATHUTOVAR  Typed or printed name of signee		<del>-</del>	
Day 2 462	TALLAHASSEE, FLORID	14 JUN 25 PH L: LS	Control of the Contro

Page 3 of 3

Filing Fee: \$25.00