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T. BROWN

COVER LETTER

TO: 'Registration Section' Division of Corporations
SUBJECT: Bal Harbour 4015 LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Vouleriy Bogator Name of Person
Bal Harbour 40152LC
19111 Collins Arc. Suite TIS
Sun ny Tsles Beach FL 33160 City/State and Zip Code Val 2072 Gyakoo-com E-mail address: (to be used for futule ahnual/eport notification)
For further information concerning this matter, please call:
Volleri y Bogatov at 305, 613-3122 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$ \$\ \text{Certified Copy} \\ \text{(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		25 90 11
Bol How (Name of the Limited Liabil) (A Florid	ity Company as it now a la Limited Liability Comp	4015 appears on our records.	<u>L</u> <u>2013</u> and assigned 2
The Articles of Organization for this Limited Liability (Florida document number <u>L13006175</u> 65	Company were filed o	$\frac{12/20/2}{2}$	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability compa	ny here:	
The new name must be distinguishable and end with the words "Li Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD)		y," the designation "LLC"	or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regi registered agent and/or the new registered office add		ss on our records,	enter the name of the new
Name of New Registered Agent:		-	
New Registered Office Address:	Ent	er Florida street address	
		, Flori	
	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 this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

MGR = Ma AMBR = Au	ithorized Member			
Title	Name Valeriy	Address 19111 CC	#3008	Type of Action
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