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COVER LETTER

Division of Cor			
SUBJECT: BARAKAI	RS, LLC		
SUBJECT:	Name of Lin	nited Liability Company	<u></u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	JONATHAN ASERRAF		
		Name of Person	
		Firm/Company	
	7950 NW 53RD STREET	, SUITE 337	=======================================
		Address	I
	MIAMI, FLORIDA 33166	3	17
	IA @OPPINGOLUTIONS	City/State and Zip Code	
	JA@OFFIXSOLUTIONS.0 E-mail address: (UM to be used for future annual report notifi	r
For further information co	oncerning this matter, please c		
JONATHAN ASERRAF	•	305 799-1576	
Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	□ \$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)
Registra	ING ADDRESS: ation Section	STREET/COURIE Registration Section Division of Comora	ı

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BARAKARS, LLC					
(Name of the Lim	ited Liability Comp: (A Florida Limited	any as it now appears on our r Liability Company)	ecords.)		
The Articles of Organization for this Limited I	iability Company	were filed on 12/02/2014		_ and assign	ned
Florida document number L14000184406					
This amendment is submitted to amend the fol	lowing:				
A. If amending name, <u>enter the new name c</u>	of the limited liab	oility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbrev	riation "L.L.C	3."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		7950 NW 53RD STREET	,		
		SUITE 337			
		MIAMI, FLORIDA 3316	6		
Enter new mailing address, if applicable:		7950 NW 53RD STREET	,	17 15	
(Mailing address MAY BE A POST OFFICE BOX)		SUITE 337		70	
		MIAMI, FLORIDA 33166			
B. If amending the registered agent and registered agent and/or the new registered o	or registered of	ffice address on our rec <u>e</u> :	ords, <u>enter the</u>	name of	the nev
Name of New Registered Agent:	WILFREDO F	REITES			
New Registered Office Address:	7950 NW 53RI	D STREET SUITE 337			
		Enter Florida street a	ddress		
	MIAMI		, Florida 33166		<u>-</u> _
		City	2	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.

WILFREDO FREITES

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	FREITES, WILFREDO J	7950 NW 53RD STREET	Add
		SUITE 337	☐ Remove
		MIAMI, FL 33166	■ Change
			Add
			Remove
			□ Remove
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			ن نړن Remove □
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ffective date, if other than the an effective date is listed, the date must	date of filing:			(opti	onal)	
Note: If the date inserted in this blo	ock does not meet the a	ipplicable sta	of filing or more to tutory filing re-	han 90 days after quirements, thi	filing.) Pursuant s date will not	t to 605.0207 be listed as
ocument's effective date on the De	partment of State's re-	cords.				
			ec	t 12.01 ·		andian at
e record specifies a delayed The 90th day after the reco		it not an e	rrective time	e, at 12:01 (i.m. on the	earner of
ated MARCH 7TH	2017	·				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00