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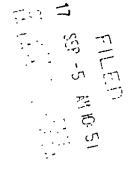
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	;
PICK-UP WAIT	MAIL
(Business Entity Name)	
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Special Instructions to Filing Officer:	1.
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D SCOTT **SEP 7 2017**

COVER LETTER

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TO:	Registration Sec Division of Corp		
empre	B&P ADVIS	SORS LLC	
SUBJEC	LI;	Name of Limited Liability Company	
The encl	losed Articles of A	Amendment and fee(s) are submitted for filing.	
Please re	eturn all correspon	ndence concerning this matter to the following:	
		FLAVIO PAPARELLA	
		Name of Person	
		B&P ADVISORS LLC	
		Firm/Company	
		593 Main St #201	
		Address	
		Ridgefield, CT 06877	
		City/State and Zip Code	
		flavio.paparella@gmail.com	
		E-mail address: (to be used for future annual report notification)	
For furth	ier information co	oncerning this matter, please call:	5 8 7
FLAVI	O PAPARELLA	305 3316710 at ()	
	Name of	f Person Area Code Daytime Telephone Number	
Enclosed	d is a check for the	ne following amount:	(c)
□ \$25.	.00 Filing Fee	(additional copy is enclosed) Certified	ling Fee, te of Status &

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

B&P ADVISORS LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	were filed on 01/28/2015	and assigned
Florida document number L15000016631		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:	1000 5T SREET MIAMI BEACH, FZ 3313	SUITE #214
(Principal office address MUST BE A STREET ADDRESS)	MIAMI BEACH, FZ 3313	39
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	ice address on our records, <u>enter</u>	the name of the ne
Name of New Registered Agent:		<u>,,, =1</u>
New Registered Office Address:	Enter Florida street address	2 2
	, Florida	5 6 7
	City	Zip Code 🛴
New Registered Agent's Signature, if changing Registered Agent:		, 15

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 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>	<u>Address</u>	Type of Action
AMBR	Alberto Pedro Primavesi Sena	19400 Tumberry Way Apt 431	
		Aventura FL 33180	☐ Remove
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he 90th day after t	the record is filed	J.			is.
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00