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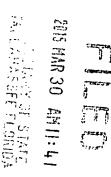
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COVER LETTER

	istration Sect ision of Corpo					·
SUBJECT:	MARCHE	CHERCHE BOMAMB	O LLC			
SUBJECT:		Name of Lim	ited Liability Company			
		nendment and fee(s) are sub	_			. 9
		SOLANGE AUGUS	TIN			
			Name of Person			Î
		MARCHECHERCHI	E BOMAMBO LLC			ş.
			Firm/Company			1 1
		15830 E BUNCHE F	PARK DRIVE			
			Address			
		MIAMI FL, 33054				
		MARQUERQUERQU	City/State and Zip Code		2 <u>eru</u> 2 1 <u>eru</u>	*
		MARCHERCHERCH E-mail address: (IE@YAHOO.COM to be used for future annual report notification		S HAD	5 t
For further in	formation con	cerning this matter, please c	•	,	R 30	de title e ann
SOLANG	E AUGUST	īN	786 262-2286			in-tru
	Name of P	erson	at () Area Code Daytime Telepl	none Number		
Enclosed is a	check for the	following amount:				
■ \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	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

MARCHECHERCHE BOMAMBO LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L		were filed on 03/17/2015	8	ınd ass	signed T
Florida document number <u>450000530</u>	<u>049</u>				
This amendment is submitted to amend the foll	owing:				
A. If amending name, <u>enter the new name o</u>	f the limited liab	ility company here:			
SOBO MARCHECHERCHE BOMAME	BO LLC				
The new name must be distinguishable and end with the	words "Limited Liab	ility Company," the designation "L	LC" or the abbrevi	ation "I	L.L.C."
Enter new principal offices address, if applic	able:	SAME ADDRESS	~4		, e et
(Principal office address MUST BE A STREE			**	(E)	- 4
			27. 3	<u> </u>	3 2 3
				မ	general de
Enter new mailing address, if applicable:		SAME ADDRESS	un© grag	T20	and the second
• • • • • • • • • • • • • • • • • • • •	PAV)				
(Mailing address MAY BE A POST OFFICE	<u>BUX)</u>				4 14 5 3
			<u> </u>		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	ffice address here		ds, <u>enter the </u>	<u>1ame</u>	of the n
	SAME DEC	SISTERED AGENT			.6
New Registered Office Address:	SAIVIL INLU	Enter Florida street addr	·ess		
		Ī	Florida		
		City , r		Code	
New Registered Agent's Signature, if changing I	Registered Agent:	·	•		

If Changing Registered Agent, Signature of New Registered Agent

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.

uthorizet	Member being added or remov	Member on our records, enter the title, yed from our records:	name; and address of each Madde
GR = N MBR = A	Manager Authorized Member		ر م
<u>tle</u>	<u>Name</u>	<u>Address</u>	Type of Action
/A	N/A	N/A	
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			Remove
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