Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190002771513)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000056023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BAMIA 2 LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help

T GLASS

SEP 1 7 2019

DocuSign Envelope ID: EF9CA9B5-F4AF-4077-8147-F27D0B76F430 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	nny as it now appears (n our records.)	
The Articles of Organization for this Limited Liability Company Florida document number			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	nility company here	<u>;</u> :	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the desi	gnation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			201
			9 SFP
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he	office address on e re:	our records, <u>ei</u>	nter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	EnterFlorid	astreetaddress	
		, Florida	ZipCode
	Ciņ	 ,	ZipCode
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		

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

4

То

DocuSign Envelope ID: EF9CA9B5-F4AF-4077-8147-F27D0B76F430 in americang Admirized reason(s) aminorized 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>	Name	<u>Address</u>	Type of Action
AMBR	Recai Hasan Ikbal	601 BRICKELL KEY DR, STE 1000 Miami, FL 33131	_⊠ Add
			Remove
			□ Change
AMBR	Galina Russell	601 BRICKELL KEY DR, STE 1000 Miami, FL -33131	⊠ Add
			□ Remove
			☐ Change
			Répiove
			Change
			□ Aditi
			© Remove
			Change
			🗆 Add
			Remove
			☐ Change
			
			□ Remove
			☐ Change

• •

	<u> </u>		
		2019	
		- <u>'</u>	
		· •	-,
		P	`
		.	
		18	
			
(If an el	ve date, if other than the date of filing: (option crive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fil If the date inserted in this block does not meet the applicable statutory filing requirements, this	line.) Pursuant to 605.	0207 ed as
docur	ent's effective date on the Department of State's records.		
the re) Th	ord specifies a delayed effective date, but not an effective time, at 12:01 a. 90th day after the record is filed.	m. on the earlie	er of
Datas			•
Date	— Docusigned by:		
	ļ		
	Signature of a member or authorized representative of a member		

Page 3 of 3

Fiting Fee: \$25.00