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(Re	equestor's Name)	
(Ad	ldress)	
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. (Cit	ty/State/Zip/Phone	= #)
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

TO:

TO:		istration Se sion of Cor			
CUDIE	CT.	BABEL RE	EAL ESTATE, LLC		
SUBJE	CI:		Name of Lim	ited Liability Company	
The end	losed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	retu r n	all correspo	ndence concerning this matter	to the following:	
			GREGORY BLOOM		
				Name of Person	
			CHASELAWYERS		
				Firm/Company	
			21 SE 1ST AVE., STE. 70	00	
				Address	
			MIAMI, FL 33131		
				City/State and Zip Code	
			GREG@CHASELAWYER	to be used for future annual repor	et notification)
For furt	herin	formation co	oncerning this matter, please c	•	tt notification)
GREG	ORY	BLOOM		305 373-76	65
		Name of	f Person	Area Code D	aytime Telephone Number
Enclose	ed is a	check for th	ne following amount:		
\$25	5,00 Fi	iling 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 Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	Registration S Division of C Clifton Build	orporations ing ve Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BABEL REAL ESTATE, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000093045</u> .	were filed on 05/27/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1500 BAY RD., STE. 1512-S
(Principal office address MUST BE A STREET ADDRESS)	MIAMI BEACH, FL 33139
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1500 BAY RD., STE. 1512-S MIAMI BEACH, FL 33139
	Enter Florida street address
	, Florida Zib 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = .	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Remove
			Change
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			Remove
			Change
			Add
			□ Remove
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