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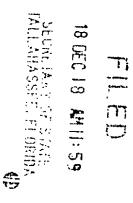
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO:	Registration Sec Division of Cor			
0170 11	Buideas, LL	.C.		
SUBJI	:C1:	Name of Lim	ited Liability Company	
The en	closed Articles of .	Amendment and fee(s) are sub	mitted for tiling.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Scott Alan Orth, Esq.		
			Name of Person	
		Law Offices of Scott Alan	Orth, P.A.	
			Firm/Company	<u>-</u>
		3860 Sheridan Street, Suite	• •	
			Address	
		Hollywood, FL 33021		
		elias@buideas.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please ca	all:	
Scott A	Vlan Orth		305 757-3300	
	Name of	f Person	at () Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
■ \$2	5.00 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)

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

Buideas, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on or i Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{7/8/15}{}$ Florida document number $\frac{1.15000117974}{}$.		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designat	ion "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	Scur
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		₩F'- (p
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	vet address
		, Florida
	City	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.

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
N (/21)	Elias Goldstein	5089 SW 33rd Way	
MGR			
		Fort Lauderdale, FL 33312	
			Remove
			E Change
	Regina Goldstein	5089 SW 33rd Way	
MBR			= Add
		Fort Lauderdale, FL 33312	
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ective date, if other than t	he date of filin	g:		(o _[ptional)		
reffective date is listed, the date refer If the date inserted in this	block does not r	meet the applicab	date of filing or ole statutory fili	more than 90 days a ng requirements,	this date will no	ant to 60 ot be lis	15.020 sted as
cument's effective date on the	Department of S	state's records.					
record specifies a delay	ved effective (date, but not	an effective	time, at 12:0	1 a.m. on th	e earl	ier o
The 90th day after the r	ecord is filed.						
December 14		2018	_ •				
_		- ,					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00