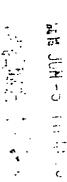
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## COVER LETTER

TO:		istration Sec ision of Corp					THE STATE OF
	200	BB & Y INV	ESTMENTS, LLC				
SUBJI	ECT:		Name of Limi	ited Liabilii	ıy Company	· · · · · · · · · · · · · · · · · · ·	· .
The en	closec	d Articles of a	Amendment and fee(s) are sub-	mitted for	tiling.		
Please	return	all correspoi	ndence concerning this matter	to the follo	awing:		
			YOSEPH ZEKRI				
				Nan	ne of Person	<u> </u>	
			19195 Mystic pointe dr Suite 905	Fi <del>o</del>	m/Company		
				<u> </u>	Address	<del></del>	
			Aventura, FL 33180				
			joelzekri@gmail.com	City/Sta	te and Zip (	'ode	
			E-mail address: (	to be used	or future ar	mual report notificat	tion)
For fu	ther in	nformation co	oncerning this matter, please co	all:			
Yosep	h Ze	kri		at	407	496-3000	<u></u>
		Name of	Person		Area Code	Daytime To	elephone Number
Enclos	ed is a	a check for th	e following amount:				
<b>■</b> \$2	5.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Ca	00 Filing tified Cor itional copy	, v	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Registra Divisio P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314		Reg Divi Cliff 266	REET/COURIER istration Section ision of Corporation ton Building I Executive Cente	ons r Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



BB & Y INVESTMENTS, LLC

(Name of the Limited Liability (A Florida)	Company as it now appears on ( Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Co	mpany were filed on 08/25/2	and assigned
Florida document number L15000145825		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	<u> </u>	
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 addressed agent and/or the new registered office addressed Name of New Registered Agent:	ered office address on our ess here:	records, enter the name of the new
New Registered Office Address:	Enter Florida st	reet address
		, Florida
	Cip	, Florida Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and conaccept the obligations of my position as registered ago being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my e ent as provided for in Chap	duties, and I am familiar with and ter 605, F.S. Or, if this document is

Page 1 of 3

AGR = N $AMBR = N$	Tanager Authorized Member			
<u> </u>	<u>Name</u> UZIEL, AMIR	Address 19195 Mystic Pointe Dr	Type of Action	
AMBR		Suite 905		
		Aventura, FL 33180		
		<u> </u>	■ Remove	
			Change	
AMBR	UZIEL.OF.LI.AM . HOLDINGS LLC	19195 Mystic Pointe Dr Suite 905	Add	
		Aventura, FL 33180		
			Remove	
			Change	
<del></del>				
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te: If the date inserted in this block does	not meet the applicable statutory filing requirements, this	s date will not be listed as
ument's effective date on the Departmer	t of State's records.	
record specifies a delayed effect	ive date, but not an effective time, at 12:01 a	a.m. on the earlier o
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The 90th day after the record is f  May 1  and	2019	

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