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COVER LETTER

BASEL BOUTIQUE REAL ESTATE LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: **CRISTINA GIRAL** Name of Person BASEL BOUTIQUE REAL ESTATE LLC Firm/Company 7901 HISPANOLA AVE. APT. 1801 Address NORTH BAY VILLAGE, FL 33141 City/State and Zip Code CRISTINAREALTY@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 3463902 **CRISTINA GIRAL** Name of Person Daytime Telephone Number & Enclosed is a check for the following amount: **■** \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

BASEL BOUTIQUE REAL ESTATE L (Name of the Limited Li (A Fi		y as it now appears ability Company)	on our records.)	
The Articles of Organization for this Limited Liabili Florida document number L16000012848	ity Company v	were filed on JA	NUARY 13TH, 2016 and assig	zned
This amendment is submitted to amend the followin	g:			
A. If amending name, enter the new name of the	limited liabil	lity company he	re:	
he new name must be distinguishable and contain the words	"Limited Liabilit	ty Company," the de	esignation "LLC" or the abbreviation "L.L	.C."
Enter new principal offices address, if applicable	.	1801 N.E. 123rd	. STREET	
(Principal office address MUST BE A STREET ADDRESS)		SUITE 314		
		NORTH MIAM	I, FLORIDA 3318 🔀 😋 🛚 😭	
			CREIN LAHAS	
Enter new mailing address, if applicable:		 ,	G12 , A	e in the second
(Mailing address MAY BE A POST OFFICE BOX	<u> 7</u>		Fr. (17) €	
B. If amending the registered agent and/or r	no bereteige	fice address on	our records, enter the name of	of the
registered agent and/or the new registered office			our records, enter the name of	1
Name of New Registered Agent:	RISTINA GIR	AL		
New Registered Office Address: 7	901 HISPANO	LA AVE. , APT.	1801	
Trew registered Office Maniess.		Enter Flori	ida street address	
N	ORTH BAY V	/ILLAGE	, Florida ³³¹⁴¹	
		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
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ive date, if other than the date of filing:	or to date of fili	or more than 90 c	_ (optional) a) Pursi	ant to 605
: If the date inserted in this block does not meet the appl	icable statutor	y filing requireme	ents, this dat	e will n	ot be liste
ment's effective date on the Department of State's record	lS.				
ecord specifies a delayed effective date, but r	ot an effec	tive time at 1	2·01 a m	on th	ne earlie
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Signature of a member or an	,				

Page 3 of 3

Filing Fee: \$25.00