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COVER LETTER

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etin ie <i>c</i> r.		JTIQUE REAL ESTATE LLO	2	
SUBJECT:		Name of Limi	•	
The enclose	d Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return	n all correspon	dence concerning this matter t	to the following:	
		CRISTINA GIRAL		
	_			
			Address	_
		North Bay Village, FL, 331	141	
			City/State and Zip Code	
		cristinarealty@yahoo.com		
			o be used for future annual report notification)	
For further	information co	ncerning this matter, please ca	ill:	
Cristina Gir	ral		786 346-3902	SS - L
**************************************	Name of	Person	Area Code Daytime Telephone Numb	
Enclosed is	a check for the	e following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certifi (additional copy is enclosed) Certifi	Filing Fee, cate of Status & ed Copy nal 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

BASEL BOUTIQUE REAL ESTATE L					
(Name of the Limited Li (A Fl	iability Company lorida Limited Li	y as it now appears ability Company)	on our records.)		
The Articles of Organization for this Limited Liabili lorida document number L16000012848	ity Company w	vere filed on Jan	uary 19th, 2016 and assigned		
his amendment is submitted to amend the following	ıg:				
a. If amending name, enter the new name of the	limited liabil	ity company her	<u>re</u> :		
he new name must be distinguishable and contain the words	"Limited Liability	y Company," the de	signation "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 MIAMI	I, FLORIDA 331왕구를		
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE BOX	Ø				
			표를 선		
 If amending the registered agent and/or registered agent and/or the new registered office: 	•		our records, enter the name of the		
Name of New Registered Agent:	RISTINA GIR	AL	the second secon		
New Registered Office Address: 79	901 HISPANOI	LA AVE., APT. 1	801		
		Enter Flori	da street address		
N	ORTH BAY V		, 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>	Address	Type of Action
AMBR	Juan Manuel Federico Fascetto	7901 Hispanola Ave, Apt. 1801	□ Add
		North Bay Village,Fl,33141	⊞ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
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			Remove
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			☐ Remove
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Filing Fee: \$25.00