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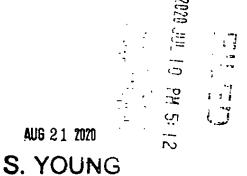
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)
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Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

SUBJECT:	Name of Lin	nited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
	MARIO L. BENCOMO		
	- , , -	Name of Person	
		Firm/Company	
	14305 STIRLING RD		
		Address	
	SOUTHWEST RANCHE	S, FL 33330	
	mario_lennoxb@hotmail.co	City/State and Zip Code	77.00.0
		to be used for future annual report notifica	ation)
or further information c	oncerning this matter, please c	all:	
MARIO L. BENCOMO		786 630-1372	
Name o	f Person	at ()	elephone Number
nclosed is a check for th	ne following amount:		
	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional cupy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Addres		Street Address:	
Registration S		Registration Section	
Division of C	omorations	Division of Corpo	rations

Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

=

B & A GROUP 85, LLC				
(Name of the Lim	ited Liability Compa	any as it now appears on our rec Liability Company)	ords.)	
The Articles of Organization for this Limited I				
	Liaumty Company	were fried on	and assigned.	
Florida document number L16000101735	·		, ú	
This amendment is submitted to amend the fol	lowing:		12	
A. If amending name, enter the new name of	of the limited liab	oility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "L	.LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		8131 NW 68th Street		
(Principal office address MUST BE A STRE.	ET ADDRESS)	Miami, FL 33166		
				
Enter new mailing address, if applicable:		8131 NW 68th Street	· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)		Miami, FL 33166		
B. If amending the registered agent and/or agent and/or the new registered office address.		address on our records, <u>ent</u>	er the name of the new registered	
Name of New Registered Agent:	MARIO L. BE	NCOMO		
New Registered Office Address:	8131 NW 68th	Street		
		Enter Florida street ada	Iress	
	Miami	,	Florida 33166	
		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>	Name	Address	Type of Action
AM	MARIO L. BENCOMO	8131 NW 68TH STREET	□Add
		MIAMI, FL 33166	
			■ Change
AM	FLAVIO ASSUNTO	8131 NW 68TH STREET	□Adđ
		MIAMI, FL 33166	□Remove
			■Change
			□Add
			□ Remove
			Change
		-	
			□Remove
			□Change
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			□Remove
			□ Change

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Filing Fee: \$25.00