8/22/2016



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From:

Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A.

Account Number : 076624003440 Phone : (305)444-6226

Fax Number : (305)442-4829

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COVER LETTER

TO:	Division of Corp				
91 no 16	* 6	NOS	SSO BIM, LLC		
SUBJE	<u></u>	Name of Lim	ited Liability Company		
The end	closed Articles of A	mendment and fee(s) are sub	mitted for filing.		
		dence concerning this matter	_		
			YALDA VAIDI		
			LAURA KOHN Name of Person		
		ARAZO	ZA & FERNANDEZ-FRAGA P.A.		
			Finn/Company		i _
	2100 SALZEDO STREET, SUITE 300				
		***************************************	Address		
		C	ORAL GABLES. FL 33134		JW 22 JW 22 JARRI OF ASSEE,
			City/State and Zip Code		
			AURA@ARAZOZACOM		50 36 9
For for	than information co	E-mail address: (neerning this matter, please of	to be used for future annual report notif	ication)	D 2
r Or turi					
_	LAURA KO		305 444-622 at ()		
	Name of	Person	Area Code Daytime	e Telephone Number	•
Enclose	ed is a check for the	o following amount:			
□ \$2 :	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
	Registra Division P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassec, FL 32	n ations nter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	NOS	BO BIM, LLC		
	(Name of the Limited Liability C	ompany as it now appears nited Liability Company)	on our records.)	
The Articles of Organization	for this Limited Liability Com	pany were filed on	06/16/2016	and assigned
Florida document number	L16000115087			
This amendment is submitted	to amend the following:			
A. If amending name, enter	the new name of the limited	liability company her	re:	
The new name must be distinguisha	able and contain the words "Limited	Liability Company," the de	signation "LLC" or the aht	reviation "L.L.C."
Enter new principal offices	address, if applicable:		AL.	SE S
(Principal office address MU	<u>IST BE A STREET ADDRES</u>	<u>s)</u>	<u> </u>	
	•		<u> </u>	2
			Tiri [77]	
Enter new mailing address,	if applicable:			on es ∪
(Mailing address MAY BE A	POST OFFICE BOX)			<u> </u>
		<u>—</u>		
	tered agent and/or registere new registered office address		our records, enter (he name of the nev
Name of New Regis	itered Agent:			
New Registered Off	ice Address:			
		Enter Flori	da street address	
			, Florida	
	· 	Clty		Zip Code
New Registered Agent's Signa	ture, if changing Registered As	<u>ent:</u>		

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
MGR	FERREIRO PEREZ, GUSTAVO	2100 SALZEDO STREET	□ Add
		SUITE 201	□ Remove
		CORAL GABLES, FL 33134	Change
			□ Add
			□ Remove
			Change
			ALL A Romove
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			□ Add
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		***	16 2016		
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content & Effective date on	the Department of a	ate s records.			
record specifies a de		ate, but not ar	effective time	e, at 12:01 a	.m. on the earlie
The Bash Jen	e record is filed.			مريم	
the 90th day after thi				2	
TUNE 16 2016				<i>_</i>	
TUNE 16 2016					
•	1		representative of a		

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