## 1/600/33/18

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## COVER LETTER

ΓO: Registration Section Division of Corporations						
SHRIE	AMENDMENT BPM US LLC					
SUBJECT: Name of L			Name of Lim	ited Liability Company	<u>;</u> y	
The enc	losed /	Articles of A	Amendment and fee(s) are sub	mitted for filing.	1	
Please r	eturn a	ll correspoi	ndence concerning this matter	to the following:	1	
			KABIR FRUTOS		i	
				Name of Person	n'	
			KABIR CAPITAL LLC		1	
				Firm/Company		
			1200 BRICKELL AVE. S	UITE 800		
				Address		<del></del>
			MIAMI, FLORIDA, 3313	i		
			k@kabircapital.com	City/State and Zip (	Code	
				to be used for future a	nnual report notification)	
For furt	her inf	ormation co	oncerning this matter, please ca	alt:		
_KA	iBIR	FRY Name of		at ( <u>201</u> Area Code	Daytime Telepho	577 ne Number
Enclose	ed is a c	check for th	e following amount:			
<b>■ \$</b> 25	.00 Fil	ing Fec	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Certified Cop (additional copy	ру	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Reg Div Clif 266	REFT/COURIER ADI istration Section ision of Corporations iton Building 1 Executive Center Circ lahassee, FL 32301			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BPM US LLC.			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)		
ta come comment			
The Articles of Organization for this Limited Liability Company	were filed on and assigned		
Florida document number L16000133118	i i		
This amendment is submitted to amend the following:	1		
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C." or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	1200 BRICKELL AVE, #800		
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FLORIDA, 33131		
	USA		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of	fice address on our records, enter the name of the new		
registered agent and/or the new registered office address here	· · · · · · · · · · · · · · · · · · ·		
	$\mathcal{F}_{\omega}$		
Name of New Registered Agent:	7		
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code		
I hereby accept the appointment as registered agent and agro- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and		
being filed to merely reflect a change in the registered office company has been notified in writing of this change.			
If Char	nging Registered Agent, <u>Signature of New Registered Agent</u>		
	1 1		

Page 1 of 3

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 Type of Action **Address** Title 1 Name 9626 CLUBHOUSE LN KABIR FRUTOS MGR □ Add TAMPA, FL/FL, 33635 ■ Remove ☐ Change MGR KABIR CAPITAL LLC 1200 BRICKELL AVE, #800 **■** Add MIAMI, FL, 33131 □ Remove ☐ Change MGR ECOFIN S.L. Av. Cerdanyola 92-94 2-2 S **■** Add SANT CUGAT DEL VALLES ☐ Remove BARCELONA, SPAIN ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change

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