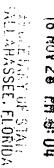
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COVER LETTER

TO:	Registration Section Division of Corpor			
SUBJI	ЕСТ:	BEMIX" LL	'-C	
	•	Name of Limit	ted Liability Company	
The en	sclosed Articles of Am	endment and fee(s) are subn	nitted for filing.	
Please	return all corresponde	nce concerning this matter t	o the following:	
		Pavels	Junbergs Name of Person	
		BEMI)	Y // C Firm/Company	 -
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	•	erning this matter, please ca		
	Pavels	Jun bergs	at (850) Area Code Dayti	252-5925
	Name of Per	son /	Area Code Dayti	me Telephone Number
Enclos	ed is a check for the fo	ollowing amount:		
Y \$2	5.00 Filing Fee [330.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$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

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

BEMIX LLC	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L \ /6 \ 000 \ / \ 74333}{L \ }$. This amendment is submitted to amend the following:	were filed on 09/19/2016 and assigned
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent: New Registered Office Address:	The second of th
	Enter Florida street address , Florida Zin 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 Title Name **Type of Action** Sergii Kaflevskiy 13700 Panama City Beach add

Parkway PCB FL 32407 Remove ☐ Change AMBR Dmytro Kurakov 300 Cabana Blvid, LAdd

APT. 3502, PCB FL 32407 Remove ☐ Change □ Add ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove

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f an effective	ate, if other that date is listed, the da	ate must be speci	ific and cann	ot be prior to	date of filing	or more tha	ın 90 days aft	t ional) er filing.)	Pursuan	t to 605.	.0207 (3)(b)
	date inserted in teffective date on				ole statutory i	filing requ	iirements, ti	is date v	vill not	be liste	ed as the
	specifies a de			, but not	an effectiv	/e time,	at 12:01	a.m. c	n the	earlie	er of:
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Filing Fee: \$25.00