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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Eiling Officer	

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COVER LETTER

Division of Cor		•	
	INVESTMENTS LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARIE BAUTISTA-NIEV	VES	
		Name of Person	
		Firm/Company	
	5325 SW 132 AVENUE		
		Address	
	MIRAMAR, FL 33027		
	MARIEBNIEVES@GMAL	City/State and Zip Code	
	-	to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please ca	ull:	
MARIE BAUTISTA-NI	EVES	786 322-0911 at ()	
Name o	f Person		Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 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 Addres		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassec, FL 32314

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

BIDAMAR INVESTMENTS LLC	
(Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company)	ds.)
The Articles of Organization for this Limited Liability Company were filed on DECEMBER 23, lorida document number L16000231296	2016 and assigned
this amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability company here:	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address on our records, enter	the name of the new regis
gent and/or the new registered office address here:	15 12
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	2. <u> </u>
, F1	orida
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 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>	<u>Address</u>	Type of Action
AMBR	BIANCA M. NIEVES	5325 SW 132 AVENUE MIRAMAR FL 33027	
			□ Remove
			□Change
			□ Add
			□Remove
			Change
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Effective date, if other than the d	be specific and cannot be p	plicable statutory filing	requirements, this dat	g.) Pursuant to 605.0207 (e will not be listed as t
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f an effective date is listed, the date must Note: If the date inserted in this block document's effective date on the Deperture record specifies a delayed effective d is filed. Dated AUGUST 20	ck does not meet the appartment of State's reco	ords. ve time, at 12:01 a.m. o		