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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	BAT Name of Limi	YAM BED-C) ited Liability Company	1 LLC
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Am	Name of Person	
	BAT YI	AM BEACH Firm/Company	LLC
	1355 L	J 44 PL 100	
	HIALL	City/State and Zip Code In Lon & Bell's o be used for future annual report notif	33012
,	e-mail address: (1	in don & nelly o be used for future annual report notif	outh. net
For further information co	oncerning this matter, please ca		
Name of	n HAYUN Person	at (300) Raytime	Tclephone Number
Enclosed is a check for th	e following amount:		
5 \$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 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 ARTICLES OF ORGANIZATION **OF**

BAT YAM BEACH LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
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	<u>Address</u>	Type of Action
<u>ambl</u>	Amir HAYUN	1355 W 44 PL 100	Add
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`an effecti <u>Vote:</u> If t	e date, if other than tive date is listed, the dat the date inserted in that's effective date on t	the date of the must be specificated the thick the thick does	fic and cannot l not meet the	5 -1 be prior to date applicable si	5-\7	re than 90 days			
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Dated	5-17	-17			/ /	7 -			
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		Signature	of a member	or authorized	representative	of a member			_

Page 3 of 3

Filing Fee: \$25.00