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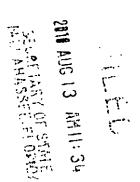
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M. MILLIGAN AUG 28 2018

COVER LETTER

	Registration Sec Division of Corp			
418188832		TRESTAURANT AND CONS	ULTING LLC	
SURJEC	·I:	Name of Limi	ted Liability Company	
The encl	osed Articles of a	Amendment and fee(s) are sub-	nitted for filing.	
Please re	durn all correspo	ndence concerning this matter	to the following:	
		MILADIN VISNJEVAC		
		<u> </u>	Name of Person	
		BOKA BAY RESTAURA:	NT AND CONSULTING LLC	
			Firm/Company	
		1504 BAY ROAD, AFT 10	222	
			Address	
		MIAMI BEACH, FL, 3317	39	
		VISNJEVACM@GMAIL.C	City/State and Zip Code :OM	
		E-mail address: (to be used for future annual report notifi	cation)
For furth	ner information c	oncerning this matter, please ca	ıll:	
MILAD	OIN VISNJEVAC		305 733-7023	
	Name o	f Person	at ()	Telephone Number
Enclosed	d 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 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

The Same of the Sa

BOK A BAY RESTAURANT AND CONSULTING 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 and assigned Florida document number ____ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BOKA BAY LOGISTICS, LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A. 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: N/A. Name of New Registered Agent: N/A. New Registered Office Address: Enter Florida street address _, Florida _ City 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

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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Remove
			Change
			□ Remove
			Change
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			Remove
			Change
			Remove
			☐ Change

	Signati ADIN VISNJEVAC	ure of a member or auth	orized representative of a	member	200 E
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