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(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone #	¥)
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COVER LETTER

Divisio	on of Co	rporations						
SUBJECT:	вс	1mpo175	A+0	INVESTMEN	7 11			
			Name	of Limited Liabi	lity Company			
The enclosed A	rticles of	Amendment	and fee(s) a	re submitted fo	r filing.			
Please return all	l соггезр	ondence conce	erning this 1	matter to the fol	lowing:		V	
-		Zeo	JAMIU	BUNK				
				Na	me of Person			
		BC :	1mpo(75	Q uA	ZWES7M	e M	UL	
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		2001	NE	241	51			
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				City/St	33179 ate and Zip Code			
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					for future annual	report no	uncation)	
For further infor	rmation o	concerning this	s matter, pl	ease call:				
Ben) AM	u~	BNY	K	a	1 <u>786</u>	924	3027	
	Name	of Person			Area Code	Dayti	me Telephone Number	
Enclosed is a ch	ieck for t	he following a	mount:					
\$25.00 Filin	ng Fee		Filing Fee dicate of Sta	tus C	5.00 Filing Fee of ertified Copy dditional copy is end		☐ \$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is enc	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

T0:

Registration Section

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

	\mathcal{BC}	Inposts	OUA	INVEST A EN		LLC			
		(Name of the	e Limited Liabi (A Flori	lity Company as it Ia Limited Liability	now appeary)	ers on our reco	ords.)		
The Articles o	of Organiza	ation for this Lim	ited Liability	Company were t	filed on _	03/15/	2017	and assigned	
This amendme	ent is subn	nitted to amend th	ne following:						
A. If amendi	ng name,	enter the new na	ame of the lin	nited liability co	ompany h	<u>iere</u> :			
The new name m	ust be distin	guishable and contai	in the words "Li	mited Liability Con	ipany," the	designation "L	LC" or the abbr	eviation "L.L.C."	ig the same of the
Enter new pr	incipal off	fices address, if a	applicable:						,,
(Principal off	ice addres	S MUST BE A S	TREET ADD	RESS)				**************************************	
								5	— hair
Enter new ma	ailing add	ress, if applicabl	e:					5	
(Mailing addı	ress MAY	BE A POST OF	FICE BOX)						
		registered agent the new registe			ddress o	n our reco	rds, <u>enter t</u>	ne name of the	— : new
<u>Nam</u>	e of New I	Registered Agent	:	SALOMON	Ca	24% 5			_
<u>New</u>	Registere	d Office Address			Enter Flo	orida street add	iress	······································	_
							Florida	4	
				CI	ity			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>	<u>Name</u>	Address Type o	<u>f Action</u>
MR	SALOMON COHEN	600 THREE 751AND 5 # 1206 Add	d
		HALLAN DALE FL 33009 _ Rer	nove
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Effective dat	e, if other than the d	ate of filing:			_ (optional)	
fan effective da Note: If the d	ate is listed, the date must bate inserted in this bloc fective date on the Dep	e specific and canno k does not meet tl	ot be prior to date of he applicable statu		days after filing.) Pu	
	pecifies a delayed of day after the recor		but not an eff	ective time, at 1	.2:01 a.m. on	the earlier o
Dated <u>03</u>	128/2014	;_ }	·			
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Page 3 of 3

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