## L17000060305

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## **COVER LETTER**

TO: Registration S Division of Co					
IMMOGU SUBJECT:	ALF LLC				
	Name of Lin	nited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for tiling.			
Please return all corresp	ondence concerning this matter	to the following:			
	BENJAMIN BERTHET				
	2BC FLORIDA LLC	Name of Person			
	2BC FLORIDA LIC	First Community			
	350 LINCOLN ROAD SU	Firm/Company JITE 4037			
	A LA A AL DE A CH. EL ADH	Address		n3	
MIAMI BEACH, FLORIDA, 33139				2018 SEP	77
	b.berthet@2bc.us	City/State and Zip Code		EP 24	Later on
		to be used for future annual report notif	ication)		
For further information	concerning this matter, please c	all:		AN 11: 36	مر معمدي
BENJAMIN BERTHET		941 726-9984 at ()			
Name (	of Person	Arca Code Daytime	Telephone Number		
Enclosed is a check for t	the 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 Certificate of Certified Contact (additional coperations)	of Status &	

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

IMMOGULF LLC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number L17000060305	mpany were filed on 03/15/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limite</u>	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u></u>	
		<del></del>
Enter new mailing address, if applicable:		<del>-</del>
Mailing address MAY BE A POST OFFICE BON)		
3. If amending the registered agent and/or register egistered agent and/or the new registered office addresses.		er the name of the n
Name of New Registered Agent:		2018
New Registered Office Address:	Enter Florida street address	Company Company
		en e
	, Florida	Zip,Code =
iow Registered Agent's Signature if changing Registered A	,	April 100 miles

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGRM	OLIVIER JOUBERT	350 LINCOLN ROAD SUITE 4037, MIAMI BEACH, FL, 33139	≅ Add		
			Remove		
			☐ Change		
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ffective date, if other than the date of filing:an effective date is listed, the date must be specific and can	not be prior to date	of filing or more than 9	(optional) 0 days after filing.	) Pursuant to 6	05,020
<u>lote:</u> If the date inserted in this block does not meet ocument's effective date on the Department of State		atutory filing require	ments, this date	will not be li	sted as
e record specifies a delayed effective date The 90th day after the record is filed.	e, but not an e	effective time, at	: 12:01 a.m.	on the ear	lier o
ated14TH OF SEPTEMBER20	018				
		presentative of a mem			

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Typed or printed name of signee

Filing Fee: \$25.00