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SECRETARY OF STATE
FALLAHASSEE, FLORIO

S Warren APR 18 2017

COVER LETTER

TO: Registration Secundary Division of Corp			
SUBJECT:	binka Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	essu	Name of Person 1.1. C. Firm/Company	(
	binka	Firm/Company	
·		Address 1	
	Palm Besc Jessica O E-mail address-fo	City/State and Zip Code DINKDOICI. COM TO be used for future Janual report notifi	1 33416 (cation)
For further information co	ncerning this matter, please ca		
Jessica To Name of	mc ODSE1	at (<u>561</u>) 319 Area Code Daytime	O349 Telephone Number
Enclosed is a check for the	e 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

he Articles of Organization for this Limited Liability Compa		
	any were filed on	110/17 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: 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) 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 registered agent and/or the new registered office address here:	
	Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS	2	
nter new mailing address, if applicable:		,
ranning address have burn our of the born		
egistered agent and/or the new registered office address l		ur records, <u>enter the name of the n</u>
Name of New Registered Agent:		
New Registered Office Address:	E . E . 1	
	Enter Florida	street address
	Cin	, Florida
Janu Desistened Assent's Signature if shanning Desistened Asse	•	Zip Coue
hereby accept the appointment as registered agent and crovisions of all statutes relative to the proper and compl		
eccept the obligations of my position as registered agent	as provided for in Cha	upter 605, F.S. Or, Rens de umenuis

If Changing Registered Agent, Signature of New Reg

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

Type of Action **Title Address** <u>Name</u> Jessus Tome Oposki 2733 owner □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add Change ☐ Remove ☐ Change

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-		
	e date, if other than the date of filing: (optional)	
<u>te:</u> If	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.05 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	
umer	nt's effective date on the Department of State's records.	
reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier	of:
	90th day after the record is filed.	U
	4/12/17 April, 12 2017	
ed_	4/12/17 April, 12 2017	
	Signature of a member of authorized representative of a member	j

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Filing Fee: \$25.00