L17000146319

(Red	questor's Name)
(Add	dress)
(Add	dress)
(City	y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bus	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to I	ec. 8/30
	Office Use Only



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M. MILLIGAN SEP - 1 2017

COVER LETTER

Division of C	Name of Limited Liability Company d Articles of Amendment and fee(s) are submitted for filing. n all correspondence concerning this matter to the following:				
SUBJECT:	UNBIMBI LLC	-			
	Name of Lin	iited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	LORENA	Name of Person			
		Name of Person N & ASSOCIATES Firm/Company			
		Firm/Company 185 87 # 202 Address			
	AVENTURA	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code			
	LOREXIA	O FELL MAN CLOCKUR	SC. COM .		
	E-mail address: (to be used for future annual report notif	fication)		
For further information	concerning this matter, please c	all:			
LORENA	FELDMAN, FIR	at (<u>786)</u> 288 -	5699.		
Name	of Person	Area Code Daytimo	e Telephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

TO:

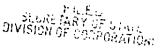
Registration Section

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



17 AUG 30 PM 12: 55 UN BIMBI (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 07/07/2017 and assigned The Articles of Organization for this Limited Liability Company were filed on Florida document number L17000146319 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) 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 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

Title	Name	Address	Type of Action
M GR	MARIA SEBASTIAN	2750 NE 185 87 #202.	🗖 Add
		AUENTURA, FL. 33180.	Remove
			Change
MGR	SEBASTIAN MARIA FEL	ICE / 2750 NE 185 ST	K Add
		# 202. AVENTURA, FL.	□ Remove
		33180	Change
	·		🗀 Add
			□ Remove
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ument's	effective date	on the Departn	ent of Sta	ite's records.					
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he 90th	day after	the record is	filed.					امر سر د	
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Filing Fee: \$25.00