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2017 NOV 14 PH 4: 08

SUCRETARY OF STATE

K. SALY NOV 1 5 2017

COVER LETTER

TO:	Registration Section Division of Corporation			
SUBJE	ст:Ве	Name of Limi	2 Art, LLC. ted Liability Company	
The end	losed Articles of An	nendment and fee(s) are subr	nitted for filing.	
Please r	eturn all correspond	ence concerning this matter t	to the following:	
		Sever	ine Glanese Name of Person	-Pittman
			rese-Pittra	
		100 N.	3150ayne Blu Address	<u>101., Suite</u> 3070
		Mami	FL 39137 City/State and Zip Code	-
		Sqianes B-mail address: (t	C S G P I TT N/I A o be used for future annual report noti	N. CONCL
For furt	her information con	erning this matter, please ca	ıll:	
Se	Jerine G Name of Po	Sianese-Pitterson	Area Code Daytim	5986 e Telephone Number
Enclose	ed is a check for 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 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

ZOIT NOV 14 PH 4: 08

TALLAHASSEE, FLORIDA

Bel Air Fine	ny as it now appears on our records.) ALLAHASSEE, FLORIO, Liability Company)
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number LITDOD171446	01,112017
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
BAFA	Miami, LLC.
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	140 NE 40 ST
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33137
Enter new mailing address, if applicable:	140 NE 40 St
(Mailing address MAY BE A POST OFFICE BOX)	MIami, FL 33137
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City 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 = M $AMBR = A$	lanager Authorized Member			
<u>Title</u>	<u>Name</u>		Address	Type of Action
C.E.O.	Francois	Chabanian	140 NE 40 S	(Add
			Miami, FL 3	3137 Remove
				☐ Change
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(If a <u>No</u>	fective date, if other than the date of filing: 1919 2017 (optional) on effective 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 605.0207 (3) optic: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument's effective date on the Department of State's records.
If the	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed.
Da	nted10 19 , 2017
138	
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00