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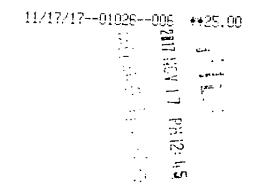
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J. HARRIS

COVER LETTER

TO:	Registration Section Division of Corporations
SUB	Name of Limited Liability Company
The e	enclosed Articles of Amendment and fee(s) are submitted for filing.
Pleas	e return all correspondence concerning this matter to the following:
	Severine Granese-Pittman
	Gianese-Pittman, P.A.
	100 N. BISCAYNE Bluck, Suite 3070
	MIGMI, FC 33132 City/State and Zip Code
	Sqianese & SGPITIMAN. CONC B-mail address: (to be used for future annual report notification)
	urther information concerning this matter, please call:
<u>S</u>	Name of Person Area Code Daytime Telephone Number
Enck	osed is a check for the following amount:
c2 s	\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& \Bigcup \$55.00 Filing Fee \& \Bigcup \$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/COURTER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tullahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

BAFA Mia	mi, LLC
Bel Air Fire	- Art, CLC.
(Name of the Limited Liability Compar (A Florida Limited L	ay as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company Florida document number Li7000171446	were filed on 8(11/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	Miani LLC.
The new name must be distinguishable and contain the words "Limited Liabili	ity 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
Name Basistanus Agant's Circusture 15 - Landon Designation	
New Registered Agent's Signature, If changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent
Page 1 of 3

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 CEO. François Chabanian 140 NE 40 St MIan 1, FL 33137 @ Remove _ Change D Add □ Remove _O Change DbA 🗆 □ Remove □ Change □ Add □ Remove _ Change _□ Add □_ ☐ Remove _□ Ĉhange D Add ☐ Remove

_O Change

		ding any other information, enter change(s) here: (Attach additional sheets, if necessa	u y -)
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	E. Effective	e date, if other than the date of filing: 10/19/1	- IS
	Note: If	e date, if other than the date of filing: (optional tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing the date inserted in this block does not meet the applicable statutory filing requirements, this days effective date on the Department of State's records.	nn 1 Primises (D£ 0007 (
	If the recor (b) The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m Oth day after the record is filed.). on the earlier of:
	Dated	10/19.2017	
			2.1 No
		Signature of a meinber or authorized representative of a member	2817
		Francois Chabanian	¥0.5
		Typed or printed name of signee	
		n 2 62	
		Page 3 of 3 Filing Fee: \$25.00	PHI2: