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S. WARREN JAN 17 2018

COVER LETTER

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TO:		. ' stration Sec sion of Corp				
CI:DIE		-	orary Furniture LLC			
SUBJE	scr: _		Name of Limi	ted Liability Company		
			mendment and fee(s) are subr	•		
			Mark Chaves			
				Name of Person		
			Marcum LLP			
				Firm/Company		
			1 SE Third Avenue, Suite 1	100		
				Address		
			Miami, Florida 33196			
			- • •	City/State and Zip Code		
			Mark.Chaves@marcumllp.c	om o be used for future annual	report politication)	
For fur	ther in	formation co	ncerning this matter, please ca		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Mark (Chaves				5 9700	
		Name of	^p erson	at () Area Code	Daytime Telephone ?	Number
		check for the ling Fee	following amount: \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Cocod) Co).00 Filing Fee, ertificate of Status & ertified Copy iditional copy is enclosed)
		Registrat Division P.O. Box	SG ADDRESS: tion Section of Corporations (6327 see, FL 32314	Registrat Division Clifton B 2661 Exe	T/COURIER ADDRI ion Section of Corporations Building ecutive Center Circle see, FL 32301	ESS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BC Contemporary Furniture LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on December 15, 2017 ___ and assigned Florida document number _____L17000256105 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 Hability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

_, Florida _

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	BC Muebles Contemporaneos, SA	1 SE Third Avenue. Suite 1100, Mi	■ Add
		Carlos I Salamonovitz	■ Remove
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