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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Bambuza Bou- Name of Limited Liability Compan	rique L.L.C.
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Jongthan C Name of Perso	ortez
Dambuza B	putique
Firm/Company VOP: Address	ang 5+
Mirancy FL City/State and Zip	33023
E-mail address: (to be used for future a	OUT QUE COM Infual report notification)
For further information concerning this matter, please call:	
Jonathan Cortez #1786	985-3867
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Solution Status S55.00 Filing Certified Column (additional copy)	cy Certificate of Status &
Registration SectionRegDivision of CorporationsDivP.O. Box 6327ClifTallahassee, FL 32314266	REET/COURIER ADDRESS: istration Section ision of Corporations for Building 1 Executive Center Circle ahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

The Articles of Organization for this Limited Liability Company were filed on Florida document number _ L/700025 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 City 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

	Authorized Person(s) authorized to man om our records:	age, <u>enter th</u>	e title, name, and address of each	person being added
MGR = Mar AMBR = Aut	nager horized Member			
<u>Title</u>	Name	Address		Type of Action
MGR	Jonathan Cortez	7921 Miran	Tropicina 3+ ar, fc 33023	ET Add
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If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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Effec	tive date, if other than the date of filing: 12 18 2017 (optional)		
(If an e	Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purst	ant to 605.	0207 (3
docui	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will nent's effective date on the Department of State's records.	ot be liste	a as tr
he re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	ne earlie	er of:
	Tag 2018		
Dated	January 20 2018		
	Signature of a member or pathorized representative of a member		
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Filing Fee: \$25.00