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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	BUYABROAD LLC				
<i></i>	Name of Lin	mited Liability Company			
The enclosed Articl	les of Amendment and fee(s) are su	bmitted for filing.			
Please return all cor	rrespondence concerning this matte	r to the following:			
	Ary Ben				
		Name of Person			
	BUYABROAD LLC				
	Firm/Company				
	8325 NW 64th Street				
		Address			
	1	Miami, FL 33166			
		City/State and Zip Code			
	Carla@iajad.com				
	E-mail address:	(to be used for future annual report noti	fication)		
For further informa	ntion concerning this matter, please	call:			
Carla Ima	ch	at (_786)66	332172		
Ŋ	Name of Person	Area Code Daytim	e Telephone Number		
Enclosed is a check	k for the following amount:				
\$25.00 Filing F	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

BUYABROAD L			
(Name of the Limite	d Liability Company as it now appea A Florida Limited Liability Company)	rs on our records.)	-
The Articles of Organization for this Limited Lia Florida document number L1000022519		01/25/2018	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company h	ere:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the	lesignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
Principal office address MUST BE A STREET	TADDRESS)		<u>ν</u> δ
Enter new mailing address, if applicable:			TILEI
Mailing address MAY BE A POST OFFICE I	<u></u>		PH 2: 33
B. If amending the registered agent and/oregistered agent and/or the new registered of		n our records, <u>ente</u>	r the name of the
Name of New Registered Agent:	DYAN SERVICES		
New Registered Office Address:	8325 NW 64th Stree		
		rida street address	
	Miami City	, Florida _	33166 Zip Code
	City		Lip 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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ary Bendel	3340 NW 190 Street	Apt 502 🗷 Add
		Aventura, FL 33180	Remove
			Change
			Remove
			Change
			Add
			☐ Remove
			Change
			Add Control Control
			Remove
			□ Change □ Add
			Remove
			Change
			Remove
			Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Effective date, if other than the date of filing:	(optional)
If an effective date is listed, the date must be specific and cannot be prior to a Note: If the date inserted in this block does not meet the applicable	
document's effective date on the Department of State's records.	
he record specifies a delayed effective date, but not a	in effective time, at 12:01 a.m. on the earlier of
The 90th day after the record is filed. \hbar	
Dated 03/09/2018 ,	
Dated 03/03/2010	•
Cond	
Signature of a member or authoriz	ed representative of a member
<u>-</u>	
Martin Teplitzki Typed or printed i	name of signee

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Filing Fee: \$25.00