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COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: BB/6	Name of Limit	JG LLC ted Liability Company	
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	nce concerning this matter t	to the following:	
	DAY!	ABEIAS Name of Person	
	BB16	HT CYCUNG	LLC
	8036	COOL BASEZ	<u>e Orive</u> #133
	OBLANDO	City/State and Zip Code	32819
-	E-mail address: (t	PrS @ HOTMAIL . Co be used for future annual report to	O/M otification)
For further information conc	erning this matter, please ca	all:	
DAVI ABO Name of Pe	SIAS	at (470) 2.4 Area Code Days	84 0704
Name of Pe	rson	Mea Code 12dyr	and receptione realises
Enclosed is a check for the fi	ollowing 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

BAIGHT CYCL	ING LLC	
(Name of the Limited Liability (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>してののの タチ 843</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
		1 - 1 - 2
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the ab	previation Lanc.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	——— ——————————————————————————————————
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ARY OF STATE ORE CORPORATIONS
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, enter dress here:	the name of the nev
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 = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	DAVI RBEIAS	6114 BAY 13/85 DB	Add
		BOYTON BEACH, EL	
		33437	Change
MGR	DAVI ARSIAS	6114 BAY ISCUSS DR	➡ Add
		BOYTON BEACH, FL	Remove
		33437	□ Change
			
			Remove
			Change
			Add
			□ Remove
			Change
			Remove
			Change
			Remove
			Change

	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.):	-
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<u></u>		SECRE VISION
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Note: If	date, if other than the date of filing: ve 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 6 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be like seffective date on the Department of State's records.	05.0207 (3) isted as the
f the recor b) The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear Oth day after the record is filed.	lier of:
Dated	04/30/2018 -	
	Signature of a member or authorized representative of a member	
	DAVI FBEIFS Typed or printed name of signee	