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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	<u> </u>
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N. CAUSSEAUX JAN 4 2019

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	ECT: BISCOUNT Americas Alliance, LLC Name of Limited Liability Company
The e	nclosed Articles of Amendment and fee(s) are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
	Rene Miville Name of Person
	Captiva Partnership
	POBOX9
	Captiva FL 33924 City/State and Zip Code Captivapartnersa con cast. net E-mail address: (to be used for future annual report notification)
	Captivapartnersa con cast. net E-mail address: (to be used for future annual report notification)
For fu	irther information concerning this matter, please call:
R	Cne Miville at (239) 233-5105 Name of Person Area Code Daytine Telephone Number
Enclo	sed is a check for the following amount:
	25.00 Filing Fee \$\Bigsiz \text{\$\text{\$\text{S}}\text{50.00 Filing Fee & }\Bigsiz \$\text{\$\e

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

Biscayne Americas Alliance 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 Florida document number <u>L18000</u>	Liability Company	were filed on 4	27 18	and assigned
This amendment is submitted to amend the following				
A. If amending name, enter the new name Coptiva Partner The new name must be distinguishable and contain the	· ·			oreviation "L.F.C."
Enter new principal offices address, if apple (Principal office address MUST BE A STRE	icable:			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E <u>BOX)</u>	Same		
B. If amending the registered agent and registered agent and/or the new registered	• •		ir records, <u>enter f</u>	the name of the new
Name of New Registered Agent:	_6am	·	_	
New Registered Office Address:		Enter Florida .	street address	
			Florida	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register provisions of all statutes relative to the pro-	· ·	•		• •

If Changing Registered Agent, Signature of New Registered Agent

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. Thereby confirm that the limited liability

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added , or removed from our records: Sam MGR = Manager AMBR = Authorized Member <u>Title</u> Name Address Type of Action □ Thange. マド _D A06 _□ Remove _□ Change _____ □ Remove ___ 🗆 Remove _____ Change _____ Change □ Remove

_____ Change

ffective date, if other than the date of filing: 12/14/18 (optional) an effective date is listed, the date must be specific and cented by place to date of filing or more than 40 days after filing, procedurent's effective date on the Department of State's records. Be record specifies a delayed effective date, but not an effective time, at 12:01 a.m. or The 90th day after the record is filed.	
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ated 12 14 18	i the earlier
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Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00