## 118000187779

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## **COVER LETTER**

TO:	Registration So Division of Cor			,
SUBJ		nagement, LLC		
SUDA	EC.1.	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Owei Z. Belleh, Esq.		
		The Belleh Law Group, Pl	Name of Person	
			Firm/Company	
		2525 Embassy Drive Suite	2	
		Cooper City, Florida 3302	Address	
		owei@bellehlaw.com	Address  Cooper City, Florida 33026  City/State and Zip Code  Semining this matter, please call:  1888   450-7999    Trion   Area Code   Daytime Telephone Number    State of Status   Certificate of Status   Certified Copy   Certified Copy	
		E-mail address: (	to be used for future annual report no	tification)
For fu	rther information c	oncerning this matter, please co	all:	
Owei .	Z. Belleh, Esq.			
	Name o	f Person		ne Telephone Number
Enclos	sed is a check for the	he following amount:		
<b>■</b> \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)
	MAIL	ING ADDRESS:	STREET/COUR	HER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FILED

Banke Management, LLC

2019 JAH 28 PH 3: 46

(State of Facility of F	11 J. 40
(Name of the Limited Lin (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company) ColVers (1975) STATE  [ALLA, A. SEE, FL]
	MCLA, A 15EE, FL
The Articles of Organization for this Limited Liabilit	ty Company were filed on August 6, 2018 and assigned
Florida document number L18000187779	·
This amendment is submitted to amend the following	g:
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 "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD	ODRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	2
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records, enter the name of the new
registered agent and/or the new registered office a	indress nere:
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	Enter Florida street address
	Enter Furrata street address
	, Florida
Now Designation of Assert Science and Scie	
New Registered Agent's Signature, if changing Register	
provisions of all statutes relative to the proper an accept the obligations of my position as registered	ent and agree to act in this capacity. I further agree to comply with the ed complete performance of my duties, and I am familiar with and dagent as provided for in Chapter 605, F.S. Or, if this document is tered office address. I hereby confirm that the limited liability ge.
	If Changing Registered Agent, Signature of New Registered Agent

•	•		
MGR = A $AMBR = A$	Ianager authorized Member		
Title	<u>Name</u>	Address	Type of Action
ABMR	The La O Family Revocable Trust	15634 NW 81ST CT MIAMI LAKES, FL 33016	Add
			■ Remove
			Change
AMBR	Madeleyne Mesa Picardo	3255 NW 83rd Street Miami, Florida 33147	■ Add
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	January 23, 2019		
te: If the date inserted in this bl cument's effective date on the D	at be specific and cannot be prior to date of filing ock does not meet the applicable statutory	y filing requirements, this date will not b	be listed as
he 90th day after the rec	ord is filed.	,	•
ed	2019		
	Signature of a member or authorized represen	ntative of a member	
•	·	1	
_	Made layue Mesa Picard Typed or printed name of sign	J I	

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Filing Fee: \$25.00