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COVER LETTER

TO: Registration S Division of Co					
Banyan Fu	and IM LLC				
SUBJECT:	Name of Lin	ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Natalia Khavryliak				
	Banyan Fund IM LLC	Name of Person			
	20 S Swinton Ave	Firm/Company			
	Delray Beach, FL 33444	Address			
	compliance@thebanyanfun			. هـ و	·~1
For further information (E-mail address: (concerning this matter, please concerning this matter)	to be used for future annual report notifiall:	cation)	다. (2) (3)	SECRE
Natalia Khavryliak		at (561)	508-1572	F 20	
Name o	of Person		Telephone Number	25.0	OF STA
Enclosed is a check for t	he following amount:				ight.
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting Fee Certificate of \$ta Certified Copy (additional copy is er	itus &	cò

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 **STREET/COURIER ADDRESS:** Registration Section

Registration Section
Division of Corporations
Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Banyan Fund Im LLC		
(Name of the Limited Liability (A Florida I	Company as it now appears on our record Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Co	mpany were filed on 9-24-2018	and assigned
Florida document number L18000226179		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	ESS)	
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	-	100 Picos
	-	19 S.F.
3. If amending the registered agent and/or registe	red office address on our records	, enter the name of the new
egistered agent and/or the new registered office addre	ss here:	지 지 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기
		2 7 D
Name of New Registered Agent:		
New Registered Office Address:		75
Heater of the Address.	Enter Florida street address	
	Flo	rida
	City	Zin 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>	<u>Address</u>	Type of Action
MGR	Steven Michael	20 S Swinton Ave	
		Delray Beach, FL 33444	
		Deliay Beach, 1 E 33444	■ Remove
			☐ Change
MGR	Natalia Khavryliak	20 S Swinton Ave	
		Delray Beach, FL 33444	■ Add
		Remove	
			Change
			Add
		Remove	
			□ Change
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<u>iote:</u>	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 10th day after the record is filed.
) Dated	eptember 19 2019

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00