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TO: Registration S Division of Co	ection	\$ •
	and IM LLC	
SUBJECT:	Name of Limited Liability Company	
	f Amendment and fee(s) are submitted for filing. ondence concerning this matter to the following:	
	Steve Michael	
	Name of Person	Daytime Telephone Number (6) S60.00 Filing Fee. Certificate of Status &
	Banyan Fund IM LLC	
	Firm/Company	
	1876 C Dr Andres Way	
	Address	
	Delray Beach, FL 33445	Person Table 1
	City/State and Zip Code smichael@banyangroupre.com	
	E-mail address: (to be used for future annual report notification)	206 34
For further information of	concerning this matter, please call:	TALL
Steve Michael	561 594-0799 at ()	1
Name o		Number (n)
Enclosed is a check for t	the following amount:	
■ \$25.00 Filing Fee	Certificate of Status Certified Copy Co (additional copy is enclosed) Co	ertificate of Status & ertified Copy

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Banyan Fund IM 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 Liability Company were filed on _______ and assigned Florida document number _______ L18000226179

This amendment is submitted to amend the following:

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Delray Beach, FL 33445

1876 C Dr Andres Way

Delray Beach, FL 33445

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:		SLUNC TALL	2021 HO	179
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New Registered Office Address:		<u>.</u>	29	
	Enter Florida street address		۵_	
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	Florida _	•	T:-	
	City	- Zip	Code	
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New Registered Agent's Signature, if changing Registered Agent:

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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
MGR	Nataliia Michael	85 SW 5th Ave	□Add
		Suite 8	■Remove
		Delray Beach, FL 33444	□Change
MGR	Steve Michael	1876 C Dr Andres Way	■Add
		Delray Beach, FL 33445	□Remove
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record specifies a delayed is filed.	effective date, bu	nt not an effective	time, at 12:01 a.n	n, on the earlier of: (t	o) The 90th	day after th
, November 15		2021	·			
ated						

Filing Fee: \$25.00