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COVER LETTER

	gistration Se ision of Cor		•			
SUBJECT:	The B&P N	Miami LLC	•			
OBOLCT.		Name of Lim	ited Liability Company			
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
lease return	all correspo	ondence concerning this matter	to the following:			
		Deborah M. Martin				
			Name of Person			
		Martin Law, P.A.				
			Firm/Company			
	9240 Sunset Drive., Suite 109					
			Address			
		Miami, FL 33173				
		City/State and Zip Code dahianabartolome@hotmail.com				
		E-mail address: (to be used for future annual report noti	ification)		
or further i	nformation c	oncerning this matter, please c	all:			
Julie Reyes,	, Secretary fo	or Deborah Martin, Esq.	786 615-7149			
	Name o	f Person		ne Telephone Number		
Enclosed is	a check for th	ne following amount:				
■ \$25.00 I	Filing Fee	S30.00 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 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 2019 DEC 17 PH 4: 39 OF

THE B&P MIAMI, 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 $\frac{9/27/2018}{}$ _____ and assigned Florida document number ______L18000230747 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Dahiana Bartolome Name of New Registered Agent: 133 NE 2 Avenue., PH3602 New Registered Office Address: Enter Florida street address , Florida 33132
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.

Miami

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
				□Add
				□Remove
				□Change
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				□Change
				\ _Add
				
				□Change

	
	
`an effective date is Note: If the date	if other than the date of filing:
	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
l is filed.	r 12 2019
d is filed.	Red Con Co
d is filed.	r 12 , 2019

Filing Fee: \$25.00