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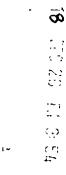
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COVER LETTER

, Registration S , Division of Co		·	1	
BC2408 L SUBJECT:	LC			
	Name of Lin	nited Liability Company		
	Amendment and fee(s) are sul	-		
Please return all correspo	ondence concerning this matter	to the following:		
	THAMARA PEREZ			
		Name of Person		
	TABADESA ASSOCIAT	ES INC		
		Firm/Company		
	419 W 49 ST STE 111			
		Address		
	HIALEAH, FL 33012			
	TANDOROGE	City/State and Zip Code		
	TAMMYP@TABADESA.	COM to be used for future annual report notifi	iention	
For further information c	oncerning this matter, please c		reactions	
THAMARA PEREZ		305 558-0622		
Name o	Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for th	e following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Cliffon Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BC2408 LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records ida Limited Liability Company)	<u>i.)</u>
he Articles of Organization for this Limited Liability	Company were filed on	and assigned
lorida document number L18000256235	 .	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	mited liability company here:	
ne new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	DRESS)	
		-
nter new mailing address, if applicable:		,
Mailing address MAY BE A POST OFFICE BOX)	-	· · · · · · · · · · · · · · · · · · ·
. If amending the registered agent and/or reg	istered office address on our records,	enter the name of the r
gistered agent and/or the new registered office ad	dress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	City	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.

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
AR	JULIETA CASANAS	1800 S. OCEAN DR	_
		SUITE 100	
		HALLANDALE BEACH,FL 33009	□ Remove
		TIMECANDALE BEACHINE 33009	Change
	·	-	D Add
			Remove
			Change
			
			Remove
			□ Change
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Effective date, if other to	han the date of filing:	(optional) f filing or more than 90 days after filing.) Pursuant to 605.02
Note: 11 the date inserted i	n this block does not meet the applicable stat	filing or more than 90 days after filing.) Pursuant to 605.021 utory filing requirements, this date will not be listed a
document's effective date	on the Department of State's records.	, g - q
ne record specifies a d	lelayed effective date, but not an ef	fective time, at 12:01 a.m. on the earlier ϵ
The 90th day after t	he record is filed.	
Dated		
	Thomasa the	
	/ "-" / "	

D.

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00