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COVER LETTER

TO:	Registration Se- Division of Cor		•	
CHIDI		L REALTY. LLC		
SUBJ	EC1:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		CYNTHIA PEREZ		
		•	Name of Person	
		BP GLOBAL REALTY, L	LC	
			Firm/Company	·
		1000 nw 57TH CT, SUITE	E 120	
			Address	
		MIAMI, FL 33126		
		CPEREZ@READYML.CO	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For fu	rther information c	oncerning this matter, please ca	all:	
CYN	THIA PEREZ		305 725-0529 at ()	
•	Name o	f Person		Telephone Number
Enclo	sed is a check for th	ne following amount:		
□ \$2	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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BP GLOBAL REALTY, LLC		
(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	ers on our records.)
he Articles of Organization for this Limited I	Liability Company were filed on M	IARCH 14, 2019 and assigned
lorida document number 119000072652	 .	
his amendment is submitted to amend the fol	lowing:	
. If amending name, enter the new name	of the limited liability company h	ere:
te new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.C."
nter new principal offices address, if appli	cable:	<u> </u>
rincipal office address MUST BE A STRE	ET ADDRESS)	
		7.3 7.3
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE	E BOX)	
. If amending the registered agent and egistered agent and/or the new registered of		n our records, enter the name of the i
Name of New Registered Agent:	CYNTHIA PEREZ	
New Registered Office Address:	1000 NW 57TH CT, SUITE 120	
	Enter Flo	orida street address
	MIAMI	, Florida ³³¹²⁶
	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 Rogistered 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	GUSTAVO BENGOCHEA		
		5825 COLLINS AVE APT 10B MIAMI BEACH, FL 33140	■ Remove
			Change
MGR	CYNTHIA PEREZ	1000 NW 57TH CT SUITE 120 MIAMI, FL 33126	Add
			Remove
			Change
			D Add
			Remove
			Change
		 	Remove
			Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
			□ Change

E. Effective date, if other than the date of filing: Optional Office ive date is listed, the date must be specific and earnot be pifer to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated 7//5//9 Signalité of a incurber or authorized representative of a member CANTILEA FEREZ.	D. If amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Signature of a member of authorized representative of a member	Dated	$\mathcal{L}_{\mathcal{L}}}}}}}}}}$
		Signature of a member or authorized representative of a member ///////////////////////////////////

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Filing Fee: \$25.00