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(F	Requestor's Name)
	Address)
	Address)
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	Document Number)
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COVER LETTER

	egistration Secti ivision of Corpo				
SUBJECT	·:	he Bulkha Name of Lim	rat Group ited Liability Company		
The enclos	ed Articles of An	nendment and fee(s) are sub	omitted for tiling.		
Please retu	irn all correspond	ence concerning this matter	to the following:		
		Ham	Name of Person	rd)	
			Firm/Company		
		21661	Magdulena Te Address (atan [-L City/State and Zip Code 1 1986 Qyahi tio be used for future Januar 19	rrace.	
		Soca	Cator F.C.	33433	
		harkhard E-mail address:	1 1986 Syah	oo, COM	on)
For furthe	r information con	cerning this matter, please o			
<u> </u>	min Bur	kkard+	at (<u>56 l</u>)	(99-	9453
	Name of I	Person	Area Code	Daytime rek	pnone Number
Enclosed	is a check for the	following amount:			
Ø \$25.0	0 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy radditional copy is encl		☐ \$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 ARTICLES OF ORGANIZATION **OF**

70.06 iability Company as it now appears on our records.)

ty company here: L Company," the designation "LLC" or the abbreviation "LLC" 2166 Magdalena Terrale Baca Ratan FL 33433
Company," the designation "L.L.C." or the abbreviation "L.L.C."
Company," the designation "L.L.C." or the abbreviation "L.L.C."
Boca Raton FL 33433
21661 Magdulina Terrace Boca Rutin Fl 33433
ce address on our records, <u>enter the name of the new</u>
Enter Florida street address
, Florida

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			□ Remove
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Note: If the date	f other than the date s listed, the date must be s inserted in this block of tive date on the Depart	does not meet the	z appiteasie statuto	ing or more than 9 ry filing require	(optional) 0 days after filing.) ments, this date v	Pursuant to 605,020 vill not be listed t
he record spec The 90th da	cifies a delayed eff y after the record	fective date, t is filed.	out not an effec	ctive time, al	: 12:01 a.m. c	on the earlier
Dated Aug	0+12th	<u>2</u>	<u></u>			
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		IN BURKH				

Page 3 of 3

Filing Fee: \$25.00