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### **COVER LETTER**

	ation Sect 1 of Corp			
	MU INVE	STMENT AND DEVELOP	MENT LLC	
SUBJECT:	<del>-</del>	Name of Lim	ited Liability Company	<del></del>
		mendment and fee(s) are sub		
Please return all c	correspond	dence concerning this matter GERALDINE MULLER	to the following:	
			Name of Person	
		BEMU INVESTMENT AT	ND DEVELOPMENT LLC	
		20803 BISCAYNE BOUL	Firm/Company EVARD SUITE 440	
		AVENTURA, FL 33180	Address	
		FABRICE@MCHCONSUL		
For further inform	nation cor	E-mail address: ( acerning this matter, please ca	to be used for future annual report notifiall:	ication)
FABRICE HERZ	ZSTEIN		786 785-5000	
	Name of I	Person	at () Area Code Daytime	Telephone Number
Enclosed is a che	ck for the	following amount:		
S25.00 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)
	MAILIN	C ADDRESS:	STREET/COURT	FD ADDDESS:

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

#### BEMU INVESTMENT AND DEVELOPMENT 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 I Florida document number L19000171965		were filed on 07-01-201	9 and assigned
This amendment is submitted to amend the fol			
A. If amending name, enter the new name	of the limited liab	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	20803 BISCAYNE BO	ULEVARD
(Principal office address MUST BE A STREET ADDRESS)		SUITE 440	,
		AVENTURA, FL 3318	0
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		20803 BISCAYNE BO SUITE 440 AVENTURA, FL 3318	ALES TO
3. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	office address her	ffice address on our r e: LTING USA GROUP COI	records, enter the mame of the
New Registered Office Address:	20803 BISCAY	YNE BOULEVARD SUIT	E 440
New Registered Office Address.		Enter Florida stree	
	AVENTURA		, Florida 33180
		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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			☐ Change
			Add
			Remove
		<del> </del>	Change
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			☐ Change
	<del></del>		Add
			□ Remove
			□ Change
			Add
			Remove
			Change

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(If an effection of the Mote: If the Mote is the M	date, if other than the date of filing:
f the record b) The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: the day after the record is filed.
Dated	26 2019
	Mull
	Signature of a member or authorized representative of a member
	GERALDINE MULLER
	Typed or printed name of signee

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Filing Fee: \$25.00