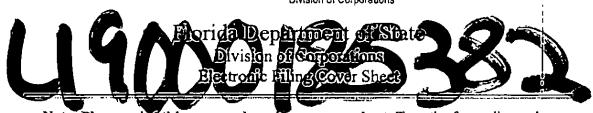
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000356255 3)))



H190003562553ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : KIM MARKS CPA Account Number : I20120000072 : (305)895-5815 : (305)895-6273

Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. 2019

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIG **BELGRAMI LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FILED

BELGRAMI LLC			i- a-2	
(Name of the Limited (A	Liability Company A Florida Limited Lia	High appears on o	ur records,)	:
The Articles of Organization for this Limited Liab	bility Company w	STORE TARY OF Ge filed on SULTA	STATE BOUNDA	_ and assigned
Florida document number L19000185382	·			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of t	the <u>limited liabili</u> t	ty company here:		
The new name must be distinguishable and contain the wor	rds "Limited Liability	Company," the designa	tion "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applical	ble:	· -		<u> </u>
(Principal office address MUST BE A STREET	'ADDRESS)			
Enter new mailing address, if applicable:		<u> </u>		•
(Mailing address MAY BE A POST OFFICE BO	<u>(OX)</u> .			
			<u></u>	-
B. If amending the registered agent and/or reg agent and/or the new registered office address		dress on our record	ls, <u>enter the name (</u>	of the new registered
Name of New Registered Agent:			 	<u> </u>
New Registered Office Address:				
		Enter Florida str	eet address	
		Cin	, Florida	Zip Code
New Pagistared Agent's Signature if changing De	mistored Ament	City		i i
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the re company has been notified in writing of this ch	agent and agree r and complete pe ered agent as pro egistered office ac	erformance of my a ovided for in Chapt	luties, and I am fan er 605, F.S. Or, if	ulliar with and this document is

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 pe	rson being added
or removed from our records:	

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SANDRA HAMER	2136 NE 123rd Street	
		North Miami FL 33181	⊟Remove
			 Change
MGR	GRATZ BUSINESS LTD	2136 NE 123rd Street	∃ Add
		North Miami FL 33181	; ☐Remove
			□ Change
			
			□Remove
			Change
		·	DAdd
			□Remove
			: Change
			□Add
	•		□Remove
			Change
			Remove
			☐ Change

_						1
						
				•		
_			-			
-			<u> </u>		<u></u>	
				<u> </u>		
_						
		<u>. </u>		•		
_						
_						
_						
	<u>.</u>					
	· -		-			
_		· · · · · · · · · · · · · · · · · · ·		······································		
_					_	
ffectiv	e date, if other th	an the date of fil	ing:		(optional)	!
ote: I	f the date inserted in	date must be specific and this block does no on the Department o	t meet the applicab	date of filing or more than le statutory filing requi	a 90 days after filing.) F	Fursuant to 605,020 ill not be listed (
record is file		effective date, but n	not an effective time	e, at 12:01 a.m. on the	earlier of: (b) The	90th day after th
ated _	December 10		2019			
	Ikark		_,	. -		
	コン・センノク					
	115	Signature of	a member or authori	zed representative of a m	ember	