L19000250954

•	(Requestor's Name)
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ł	PICK-UP WAIT MAIL
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•	(Business Entity Name)
	(Document Number)
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OCT 2 7 2020 S. YOUNG

COVER LETTER

Tallahassee, FL 32314

TO: Registration Sec Division of Corp			
SUBJECT:	BFH	13 UC	
. SUBJECT.	Name of Limi	ted Liability Company	
	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	idence concerning this matter t	to the following:	
	<u>Karolina</u>	Tolyes Name of Person	
	Kromes Si	MWS Corp. Firm/Company	
	600 Sleder	Address Cach, R. 33441 City/State and Zip Code Ktomes o be used for future annual report noti	
	surfield &	Cach, R 33441 City/State and Zip Code	
	E-mail address: (to	Ktorres o be used for future annual report noti	fication)
For further information co	ncerning this matter, please ca	ill:	
<u>Karol</u>	10mes Person	at (<u>ATY</u>) <u>380 , 0</u> Area Code	755 e Telephone Number
Enclosed is a check for the			
□ \$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 S Division of Co	ection orporations	Street Address: Registration Se Division of Cor	porations
P.O. Box 6327	1	The Centre of 1	ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 Liability Company were filed on \ \ \frac{1900250959}{2000250959} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ssigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L	L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the name of the neagent and/or the new registered office address here:	w registered
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
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, 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
AMBR	NINA 11 LURP	150 SE 2nd AVE 906	□Add
٠		Miami, R 33131	 K Remove
			□Change
AMBR	360 LEAL ESTATE USA LL	21051 BELLA VISTA UR	🔀 Add
		BOCK PLATON FL JOYLD	□Remove
			🗀 Change
			□Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

	
	
<u>ote:</u> If	date, if other than the date of filing:
record s I is filed	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
	Signature of a member or authorized representative of a member
	Hexandre Benjo.

Filing Fee: \$25.00