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COVER LETTER

Registration Section

TO:

Division of Corporations			
SUBJECT: <u>DF</u>	17 ILC	2.11.12	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	kan1	Name of Person	
	KTorr	es Services W1	<u></u>
	600 3	5 Federal Huy Address	ste 207
	- Bert	Held Beach / City/State and Zip Code	R 33441
		to CUS OLCUILUS - C	
For further information co	ncerning this matter, please co	all:	
Karol To	Person	at (<u>QSY</u>) <u>380 . 0</u> Area Code Daytin	r 75 5 ne Telephone Number
Enclosed is a check for the			
□ \$25.00 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 So Division of Co P.O. Box 6327	ection orporations	Street Address: Registration Se Division of Co The Centre of	rporations
Tallahassee, F	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BFH7 LUC	,	- 11	: 11
(Name of the Limited Liab (A Flori	ility Company as it now appears da Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Florida document number <u>L19000252354</u>	Company were filed on $\frac{40}{100}$.	0/07/2019	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company her	<u>'e</u> :	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the de-	signation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD	<u>ORESS)</u>		
	-		
Enter new mailing address, if applicable:		·	
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our red :	cords, enter the name o	of the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florie	la street address	
	City	Florida	Ziv 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 added or removed from our records:

MGR = Mar AMBR = Aut	nager horized Member	- 3X C	4:
<u>Title</u>	Name	Address	Type of Action
MGL	Mexandre Benjo	22161 Crofton CT	□Add
	·	Boca Raton, Fr 33428	
			Change
MOR	Eli Djament Baumflek	31051 Bella Vista Cir	🗖 Add
		boca Raton, 62 33428	□Remove
			□Change
			□Add
			□Remove
			□ Change
			🗆 Add
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			□Change

Effective date, if other than the date of filing: (optional) I an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. 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 d is filed. Dated. **Date **Quarter** **Date **Quarter** **Qu		<u></u>			_	· i. · · · · · · · · · · · · · · · · · ·	1:	_
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Signature of a member or authorized representative of a member		1-1-6	Signature of a r	nember or authorize	A C d representative of	a member	<u>-</u>	
ALEXANDIZE BENTO Typed or printed name of signee		^		. 1				

Filing Fee: \$25.00