## Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BUSINESS FILINGS Account Number : 105256001620 Phone : (608)827-5300 : (608)827-5501 Fax Number

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HEADING TO LA LLC

Certificate of Status	0
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Electronic Filing Menu Corporate Filing Menu

Help 0.5 2020

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		City	Zip Code	
	Miami	, Flori	da <u>33131</u>	
New Inegistered Office Address.	Enter Florida street address			
New Registered Office Address:	848 Brickell A	venue, Ste 203		
Name of New Registered Agent:	BP Tax Adviso	ory LLC		
agent and/or the new registered office andre	an nere,			
B. If amending the registered agent and/or ragent and/or the new registered office addre		address on our records, enter the	e name of the ne	W registered
			in the N	)
				1
(Mailing address MAY BE A POST OFFICE	BOX)	Miami, Florida 33131	7.2. 5	<del>-</del>
Enter new mailing address, if applicable:				<u>.                                    </u>
		848 Brickell Avenue, Ste 203		
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new principal offices address, if applicable:		Miami, Florida 33131		
		848 Brickell Avenue, Ste 203		
The new name must be distinguishable and contain the w	ords "Limited Liabil	hty Company," the designation "LLC" or	the abbreviation "L	.IC."
A. If amending name, enter the new name of	f the limited liab	ility company here:		
This amendment is submitted to amend the following	owing:		_	
Florida document number L20000039655	·			
The Articles of Organization for this Limited Li		were filed on	and ass	agneu
		Ct 1 10/4/2019	and acc	dama.t
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
HEADING TO LA LLC				

## 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

Mr. Gustavo Havranck, Manager of BP Tax Advisory LLC

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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>Fitle</u>	Name	Address	Type of Actio
MGR	UBILLA SCHAURICHT, ALEJANDRO	AV DORREGO 1246 1414	□Add
<del></del>		DO SO CARA 146 ADCUMUNA	Remove
			[]Change
MGR Alejandro Ubilla Schauricht	848 Brickell Avenue, Ste 203	€Add	
		Miami, Florida 33131	
			EJAdd
			□Remove
			Change
			EJAdd
			□Remove
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			FlAdd
		LiRemove	
			□Change
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			□Remove
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i amending i	iny other information, enter change(s) here: (Attoch additional sheets, if necessary.)
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tan effective di Note: Effice d	e, if other than the date of filing:  (optional)  le is listed, the date must be specific and control be prior to date of filing or more than 90 days after filing.) Pursuant to 605 6207 late inserted in this block floor not meet the applicable statutory filing requirements, this date will not be listed as flootive date on the Department of State's records.
record speci d is ठीक्त.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier off (b). The 90th day after the
Dated	the 29th of September , 2020
_	Segmentire of a member or authorized representative of a member