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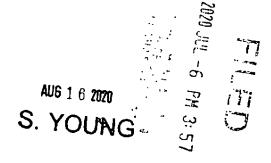
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COVER LETTER

Division of Co	orporations	
BME COM		
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.	
Please return all correspo	condence concerning this matter to the following:	
	Surely Molina	
	Name of Person	
	Global Accounting &Tax Professional	
	Firm/Company	
	7500 NW 25 ST Suite 246	
	Address	
	Miami Fl 33122	
	City/State and Zip Code	
	smolina@usa-contabilidad.org	_
	E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please call:	
Surely Molina	786 372-1391	
Name o	at () of Person Area Code Daytime Telephone ?	Number
Enclosed is a check for t	the following amount:	
■ \$25.00 Filing Fee	Certificate of Status Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)

TO:

Registration Section

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

BWE COWM FTC				
(Name of the Limited Liability Compa	iny as it now appears on	our records.)		
(A Florida Limited	Liability Company)	. 101		
	03/18/20	020		
The Articles of Organization for this Limited Liability Company	were filed on or were	o20 and assigned		
Florida document number L20000085231				
· · · · · · · · · · · · · · · · · · ·		The state of the s		
This amendment is submitted to amend the following:		7		
·		دع		
A. If amending name, enter the new name of the limited liah	ility company here:	``		
		·		
	 			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designa	ation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	10230 NW 72 ST			
• • •	Doral Fl 33178			
(Principal office address MUST BE A STREET ADDRESS)	Dom (133176			
Enter new mailing address, if applicable:	_			
(Mailing address MAY BE A POST OFFICE BOX)				
Training was to have been been been been been been been be				
B. If amending the registered agent and/or registered office a	address on our record	ds, <u>enter the name of the new register</u>		
agent and/or the new registered office address here:				
Name of New Registered Agent:				
M. D. 1. 100 A.11				
New Registered Office Address:	Enter Florida st			
	Enter Floriau St	reet adaress		
		Florida		
	City	Florida		
Now Donietored tours's Changener of the Donietored tours	•	·		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agr	ee to act in this capa	city. I further agree to comply with th		

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 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	Georgina Etchegaray	7500 Nw 25 ST Suite 246 Miami, Fl 33122	■Add
			□Remove
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Remove
			□ Change
			□Add
			□Remove
			□Change

If amending any other inform	2.				
					
					
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Effective date, if other than the If an effective date is listed, the date in Note: If the date inserted in this I document's effective date on the I	ust be specific and cannot l block does not meet the	be prior to date of ti applicable statut	ling or more than 90	(optional) days after filing.) Pursu- ents, this date will no	ant to 605.0207 (of be listed as t
e record specifies a delayed effect rd is filed.	ve date, but not an effe	ctive time, at 12:0	01 a.m. on the earl	fer of: (b) The 90th	day after the
Dated	2020	l			
	Balebau	Hamo	NQ		
	Signature of a member	or authorized repre	sentative of a membe	: T	
Esteban Mamone, MG	R				