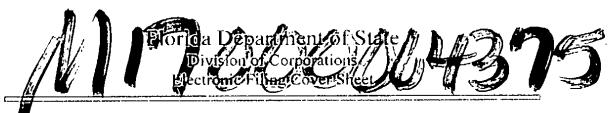
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : MAXIMAR.COM INC Account Number : 120140000084 Phone : (305)541-3980 Fax Number : (988)772-8108

**Enter the email address for this business entity to be used the annual report mailings. Enter only one email address please at a milest the second second

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BNF LLC

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appear	ars on the records of the Florida Department of	
State: BNF LLC		
Enter new principal office address, if applicable:	3655 NW 115TH AVE	
(Principal office address MUST BE A STREET ADDRESS)	DORAL, FL 33178	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	R F 6 A IO TO	
2. The Florida document number of this limited lic	iability company is: M17000004375	
3. Jurisdiction of its organization: DELAWAR		
4. Date authorized to do business in Florida: 5/2	23/2017	
SECTION II (5-9 complete only the applicable		
5. New name of the limited liability company: (mus	ast contain "Limited Liability Company, " "L.L.C" or "LLC.")	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or main must contain "Limited Liability Company," "L.L.C.	ed for the purpose of transacting husiness in Florida and attach a transacting members adopting the alternate name. The alternate nameC." or "LLC.")	
6. If amending the registered agent and/or registere registered agent and/or the new registered office a	red officer address on our records, <u>enter the name of the new</u> address here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida Street Address	
	. Florida	
	City Florida Zip Code	
the provisions of all statutes relative to the proper and account the oblivations of my position as regis	Registered Agent: gent and agree to act in this capacity. I further agree to comply with ar and complete performance of my duties, and I am familiar with istered agent as provided for in Chapter 605, F.S. Or, if this a in the registered office address. I hereby confirm that the limited	

liability company has been notified in writing of this change.

2019-03-06 16 59:52 (GMT)

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8. If the amendment cl	nanges person, title or capacity in a	accordance with 605.0902 (1)(e), indica	ate that change:
Title/ Capacity	Name	Address	Type of Action
			Add
			Remove
			19 Add T
			SSS PRemote
			FLORIDA O
			Remove
			Add
			Remove
			Add
			Remove
aforementioned an	icate, if required: no more than yellondered by tendment(s), duly authenticated by the law of which this entity is organized.	y the official having custody of record	s in the
		f the authorized representative	

Filing Fee: \$25.00