that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MANUEL SUPERVIELLE

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Honda.				
SIGNATURE	: MANUEL SUPERVIELLE			04/11/2019
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	SANTIAGO, ANTONIO JR.	Name	SUPERVIELLE, MANUEL E	
Address	1800 NE 114TH ST SUITE I	Address	1800 NE 114TH ST SUITE I	
City-State-Zip:	MIAMI FL 33181	City-State-Zip:	MIAMI FL 33181	
Title	MGR			
Name	MARLIN, BILLY F			
Address	1800 NE 114TH ST SUITE I			

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000052897

Entity Name: BAM MAGISTERI, LLC

Current Principal Place of Business:

1800 NE 114TH ST SUITE I MIAMI, FL 33181

Current Mailing Address:

1800 NE 114TH ST SUITE I MIAMI, FL 33181 US

FEI Number: 47-3644591

City-State-Zip: MIAMI FL 33181

Name and Address of Current Registered Agent:

SUPERVIELLE, MANUEL 1800 NE 114TH ST SUITE I MIAMI, FL 33181 US

Date

04/11/2019

FILED Apr 11, 2019 Secretary of State 2738142557CC