Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000258154 3)))



H2000032581543ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone : (561)694-8107 Fax Number : (561)694-1639

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BILL INVESTMENT DOS US, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

· SITYED

Electronic Filing Menu Corporate Filing Menu [116] 1 2023

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BILL INVESTMENT DOS US, LLC				
(Name of the Limited Liability Co (A Florida Lim	impany as it now appears ited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Comp Florida document number <u>L15000129264</u>	oany were filed on	/29/2015	and ass	tigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company he	<u>re</u> :		
T2DK V2KQE LLC				
The new name must be distinguishable and contain the words "Limited I	Liability Company," the de	esignation "LLC" or the a	bbreviation "L.	LC."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		·····	
			70.70	
		•		T
Enter new mailing address, if applicable:			755	
(Mailing address MAY BE A POST OFFICE BOX)			ယ်	· • • • • • • • • • • • • • • • • • • •
			U	
	·		بب	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	Ace address on our re	ecords, <u>enter the nar</u>	ne of the nev	w regist
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Address.	Enter Flor	ida street address		
		. Florida		
	Ciņ		Zip Code	
New Registered Agent's Signature, if changing Registered Ag	<u>jent:</u>			
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	olete performance of t as provided for in C	my duties, and I am Thapter 605, F.S. Or	familiar wit ; if this doct	th and ument i

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being ac or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	EUVENIA TOURIZ	121 ALHAMBRA PLAZA, PH-1, SUITE 1602	🗀 Add
		CORAL GABLES, PL 33134	<b>≣</b> Remove
			□Change
			□Add
			Remove
		AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	🗆 Add
			□Remove
			Change
			□Add
			□Remove
			[] Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change

		<del></del>		<del></del>
				<i></i>
			<del></del>	
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	<del></del>			
**************************************				
			··	
				<del></del>
Iffective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo locument's effective date on the De	he specific and cannot be priced does not meet the appl	or to date of filing or mor icable statutory filing	(optional) e than 90 days after filing.) F requirements, this date w	fursuant to 605.02 ill not be listed
record specifies a delayed effective d is filed.	date, but not an effective	time, at 12:01 a.m. or	the earlier of: (b) The	90th day after th
Pated August 3rd	, 2020	-8		
والمراهدة المراج المراج المراجع المراجع المراجع المراجع والمراجع والمراجع المراجع المراجع المراجع المراجع المراجع	Signature of a member or aut	horized representative o	f a member	

Filing Fee: \$25.00