

04-17-20

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From

# Florida Department of State

## Division of Corporations Electronic Filing Cover Sheet

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To:

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

From:

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN  
Account Number : I20020000140  
Phone : (561)844-3600  
Fax Number : (561)842-4104

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

Email Address: mch/papa@aol.com

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN B.I.P. HOLDINGS, L.L.C.

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APR 20 2020

HLD 006 112411

TO: Registration Section  
Division of Corporations

SUBJECT: B.I.P. HOLDINGS, L.L.C.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gregory R. Cohen, Esq

Name of Person

Cohen Norris Wolmer Ray Telepman Berkowitz Cohen

Firm/Company

712 U.S. Highway One, Suite 400

Address

North Palm Beach, FL 33408

City/State and Zip Code

mchl.papa@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gregory R. Cohen

561

844-3600

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

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☐ \$55.00 Filing Fee &  
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☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

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



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>	<u>Address</u>	<u>Type of Action</u>
MGR	ADRIENNE PAPA	1124 SAN MICHELE WAY	<input checked="" type="checkbox"/> Add
		PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MICHAEL PAPA	1124 SAN MICHELE WAY	<input checked="" type="checkbox"/> Add
		PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	MICHAEL PAPA	1124 SAN MICHELE WAY	<input type="checkbox"/> Add
		PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
Indicate the date of filing or, if more than 90 days after filing, the date of effectiveness.

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) of the Rules of the Board of Patent and Trademark Office, the effective date of a utility patent application must be the date of filing of the application, unless the application is a continuation or divisional application of a previously filed application. In such cases, the effective date will be the date of filing of the parent application. This date will not be listed as the effective date of the application.

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated April 17<sup>th</sup>, 2020

Signature of a member or authorized representative of a member

MICHAEL PAPA, MANAGER

Typed or printed name of signee

**Filing Fee: \$25.00**