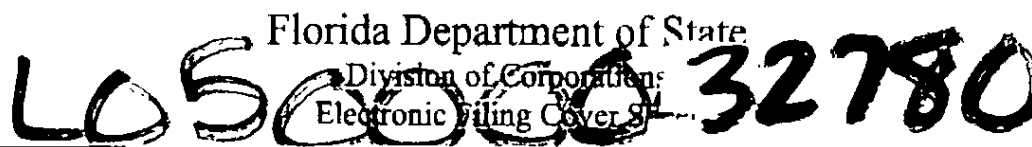


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Division of Corporations



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.

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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 : ASAP ACCOUNTING & TAX CORPORATION

Account Number : I20000000203

Phone : (954)965-9491

Fax Number : (954)965-9492

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

Email Address: ASAPACCOUNTING@LIVE.COM

2023 MAR -3 PM 6:05

RECEIVED
FILED

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BILINGUAL INVESTMENTS LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

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Corporate Filing Menu

Help

2023 06 2023
K Brumley

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BILINGUAL INVESTMENTS LLC

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:

JAIRO BOSCH

Name of Person

ASAP ACCOUNTING AND TAX CORPORATION

Firm/Company

9000 SHERIDAN STREET, SUITE 147

Address

PEMBROKE PINES, FL 33024

City/State and Zip Code

ASAPACCOUNTING@LIVE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAIRO BOSCH

954 965-9491
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BILINGUAL INVESTMENTS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on APRIL 04, 2005 and assigned
Florida document number L05000032780.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

City

Florida

Zip Code

2023 MAR -3 P 16:05

FILED

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the 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 Changing Registered Agent, Signature of New Registered Agent

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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>
AMBR	MARY MENDEZ	12711 COUNTRYSIDE TERRACE	<input type="checkbox"/> Add
		COOPER CITY, FL 33330	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MIRNA CABALLERO (100%)	12711 COUNTRYSIDE TERRACE	<input type="checkbox"/> Add
		COOPER CITY, FL 33330	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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E. 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)

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 MARCH 3rd 2023

Signature of a _____

~~Signature of a member or authorized representative of a member~~

MARIANELLA MENDEZ, PRESIDENT

Typed or printed name of signee

(((H23000083190 3)))

Filing Fee: \$25.00