

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 : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : I20070000020 Phone

: (813)435-3176

Fax Number

: (713)429-1276

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

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Corporate Filing Menu

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JUL 1 0 2015

Wednesday, July 08, 2015

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BCS COPIERS, LLC			
(Name of the Lim	ited Liability Company a (A Florida Limited Liab	s it now appears on our records lity Company)	<u> </u>
The Articles of Organization for this Limited I lorida document number L10000052183	Liability Company we	re filed on 05/13/2010	and assigned
his amendment is submitted to amend the fol	llowing:		
. If amending name, enter the new name	of the limited liability	company here:	
he new name must be distinguishable and contain the		Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:		
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u> _		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u> </u>		
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3. If amending the registered agent and egistered agent and/or the new registered of		e address on our records,	
Name of New Registered Agent:	THE LAW OFFIC	ES OF NICK SPRADLIN, PL	persons as agents.
New Registered Office Address:	2202 N. WEST SH	ORE BLVD #200	The state of the s
		Enter Florida street address	₹ [##*** 4= ***
	ТАМРА		rida <u>33607</u>
		City	Zip Code

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 Hegistered Agent, Signature of New Registered Agent

Page 1 of 3

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>	Address	Type of Action
MGRM	CHRISTIAN J HERNANDEZ	15114 SW 104 ST	
		APT 609	■ Remove
		MIAMI, FL 33196	Change
AMBR	KEN BYNUM	12991 SW 132 CT	BAdd
			Remove
		MIAMI, FL 33186	Change
AMBR	FLOR RAMOS	12991 SW 132 CT	20 ■ Add
			Rembve
		12991 SW 132 CT	Change
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	Signature			ative of a member			

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