

L10000052183

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.**

((H15000173733 3)))



H15000173733ABC/

**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 : 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.\*\***

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BCS COPIERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

15 JUL 16 PM 4:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
15 JUL 16 AM 8:41  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

JUL 17 2015  
J. HARRIS

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: BCS COPIERS, LLC

**SECOND:** The Florida Document number of the limited liability company is: L10000052183

**THIRD:** Document to be corrected is:  
ARTICLES OF AMENDMENT

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

**SECTION C. CONTAINS THE INCORRECT STATEMENT:**

FLOR RAMOS WILL BE ADDED AS AMBR AT THE ADDRESS OF:

15114 SW 104 ST APT 609 MIAMI, FL 33196

MR. FLOR RAMOS WAS NOT SUPPOSED TO BE ADDED AS AMBR.

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

- ☐ The electronic transmission of the record was defective.

Nick Spradlin  
Signature of Authorized Representative

7/16/2015  
Date

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

FILED  
15 JUL 16 AM 8:41  
CLERK OF STATE  
TALLAHASSEE, FLORIDA