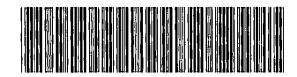
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COVER LETTER

		BIANCO LLC
SUBJEC	.1; <u></u>	Name of Limited Liability Company
Division of Corporations BIANCO E BIANCO 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: Guillermo Cusnaider Name of Person BIANCO E BIANCO LLC Firm/Company 2780 NE 183 STREET #317 Address AVENTURA, FL 33016 City/State and Zip Code cusnaider@hotmail.com G-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Guillermo Cusnaider Name of Person 1786 Address AVENTURA FL 33016 City/State and Zip Code Cusnaider@hotmail.com B-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Guillermo Cusnaider Name of Person 1786 Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certificat Copy (additional copy is enclosed)		
Please ret	turn all correspo	indence concerning this matter to the following:
	BIANCO E BIANCO 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: Guillermo Cusnaider Name of Person BIANCO E BIANCO LLC Firm/Company 2780 NE 183 STREET #317 Address AVENTURA, FL 33016 City/State and Zip Code cusnaider@hotmail.com E-maif address: (to be used for future annual report notification) For further information concerning this matter, please call: Guillermo Cusnaider Name of Person To further information concerning this matter, please call: Suillermo Cusnaider Name of Person To further information concerning this matter. please call: Suillermo Cusnaider Name of Person To further information concerning this matter. please call: Suillermo Cusnaider Name of Person To further information concerning this matter. please call: Suillermo Cusnaider Name of Person Enclosed is a check for the following amount: Suillermo Cusnaider Suillermo Cu	
SUBJECT: The enclosed Please return Guillermo C		
		• •
		E-mail address: (to be used for future annual report notification)
For furthe	er information c	oncerning this matter, please call:
Guillerm		at ()
	Name o	Person Area Code Daytime Telephone Number
Enclosed	is a check for th	ne following amount:
□ \$25.0	0 Filing Fee (Certificate of Status Certified Copy Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIANCO E BIANCO ELC			
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) [Liability Company]	-	
The Articles of Organization for this Limited Liability Compan	y were filed on <u>07/29/2010</u>	and ass	igned
the Articles of Organization for this Limited Liability Company were filed on 07/29/2010 and assigned lorida document number L10000079553 his amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC" or t			
ne new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abb	reviation "L.	<u>C.</u> "
Enter new principal offices address, if applicable:		₹	SIA!!
Principal office address MUST BE A STREET ADDRESS)		SEP	22
			<u> </u>
		Ρ.	20°
nter new mailing address, if applicable:		<u>1</u> 2:	三 ₆ シギ
Mailing address MAY BE A POST OFFICE BOX)		2,	<u> </u>
If amending the registered agent and/or registered ogistered agent and/or the new registered office address her	office address on our records, <u>enter t</u> re:	he name o	of the 1
Name of New Registered Agent:			_
New Registered Office Address:			
	Enter Florida street address	<u>.</u>	
	Florida		
	City	Ziv 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 Registered Agent, Signature of New Registered Agent

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
MGR	Carolina Borbore	2780 NE 183 STREET UNIT 317 AVENTURA, FL 33160	
			Remove
			Change
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			Change
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(If an eff <u>Note:</u>	ive date, if other than the date of filing:		
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on 90th day after the record is filed.	the earl	ier o
(5)	09/21/2018		
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