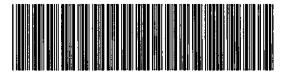
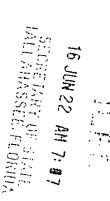
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL ·
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	Legistration Sec Division of Corp			
CUDIECT		RPRISES LLC		
SUBJECT	· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company	······································
The enclos	sed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	ırn all correspor	dence concerning this matter	to the following:	
		ILEANA SZASZ		
			Name of Person	
		BIN ENTERPRISES LLC		
			Firm/Company	
		1384 E LAKESHORE BL	VD	
			Address	· · · · · · · · · · · · · · · · · ·
		KISSIMMEE, FL 34744		
			City/State and Zip Code	
		UPTOWNPETSALON@G		
		E-mail address: (to be used for future annual report notifi	cation)
For furthe	r information co	ncerning this matter, please ca	all:	
ILEANA	SZASZ		407 552-9706 at ()	
	Name of	Person		Telephone Number
Enclosed :	is a check for th	e 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UPTOWN PET SALON AND DAYCARE 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 Li Florida document number P04000148441			and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liabil	ity company here:	
BIN ENTERPRISES LLC			
The new name must be distinguishable and contain the w	ords "Limited Liabilit	y Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	1384 E LAKESHORE BLVD	
(Principal office address MUST BE A STREE	T ADDRESS)	KISSIMMEE, FL 34744	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1384 E LAKESHORE BLVD	
		KISSIMMEE, FL 34744	
B. If amending the registered agent and/ registered agent and/or the new registered of			ls, enter the name of the new
Name of New Registered Agent:	ILEANA SZASZ	Z	7 SECO.
New Registered Office Address:	1384 E LAKESI	HORE BLVD	SS E
		Enter Florida street addre	2 SS 10 1
	KISSIMMEE		lorida 34744 =
		City	Zip Code
New Registered Agent's Signature, if changing R	legistered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the accompany has been notified in writing of this company has been notified in writing of the second control of the second	er and complete p stered agent as pr registered office o	performance of my duties, a rovided for in Chapter 605,	and I am familiar with and F.S. Or, if this document is

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	ILEANA SZASZ	1384 E LAKESHORE BLVD	■ Add
		KISSIMMEE, FL 34744	□ Remove
			☐ Change
MGR NICHOLAS SZASZ	NICHOLAS SZASZ	1384 E LAKESHORE BLVD	Add
		KISSIMMEE, FL 34744	□ Remove
		· · · · · · · · · · · · · · · · · · ·	Change
			☐ Add
			□ Remove
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5/16/16	>÷`
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or magnetic in the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	(optional) nore than 90 days after filing.) Pursuant to 605.03 ng requirements, this date will not be listed
he record specifies a delayed effective date, but not an effective t The 90th day after the record is filed.	time, at 12:01 a.m. on the earlier
Dated 6 110 , 2016. Signature of a member or authorized representative	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00