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D. SCOTT OCT 1 0 2016

COVER LETTER

	Registration Sec Division of Corp				
SUBJECT		T HOLDINGS, LLC			
·	·	Name of Lim	ited Liability Company		•
		amendment and fee(s) are sub-	-		
		EVAN DIMOV			
		4.11.5	Name of Person		
		BIPRIS HOLDINGS, LLC			
			Firm/Company	, 11 to 1	
		8833 BAY HARBOUR BI	LVD,		
			Address		
		ORLANDO, FL. 32836			TASK 6
			City/State and Zip Code		歸日田
		evandimov@cfl.rr.com	to be used for future annual report notific	eation)	弱って
For furthe	r information co	ncerning this matter, please co		auony	7 PM 1: 30
EVAN D	IMOV		407 595-2832 at ()		5 - 3
	Name of	Person		Telephone Number	_ %
Enclosed	is a check for th	e following amount:			
\$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional cop	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

(Name of the Limited Lighility Compan	av as it now appears on our records
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	iability Company)
The Articles of Organization for this Limited Liability Company vi Florida document number L12000032573	were filed on 03/07/2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
BIPRIS HOLDINGS, LLC	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	8833 BAY HARBOUR BLVD
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL. 32836
Unuting uturess MAT BE A FOST OFFICE BOAJ	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	WA THE BT
New Registered Agent's Signature, if changing Registered Agent:	Enter Florida street address , Florida City Zip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as p	performance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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
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·				☐ Change
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		Page 2	of 3	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>
Q 71 1016
E. 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 more than 90 days after filing.) Pursuant to 605.0207 (3)(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
Signature of a member or authorized representative of a member
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00