

# L12000047123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

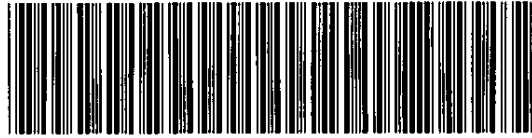
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900289999459

NC

Consent letter  
attached

16 SEP 15 AM 8:39

CLERK OF STATE  
TALLAHASSEE, FLORIDA

16 SEP 15 PM 2:00

NOT RECORDED  
IN AGENCY FILE  
SUFFICIENCY OF FILING

RECEIVED

SEP 16 2016

N. CAUSSEAU

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 290301 4336650

AUTHORIZATION :

COST LIMIT : \$ 25.00



ORDER DATE : September 14, 2016

ORDER TIME : 10:05 AM

ORDER NO. : 290301-010

CUSTOMER NO: 4336650

DOMESTIC AMENDMENT FILING

NAME: BI HR SERVICES, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER'S INITIALS: \_\_\_\_\_

## IMAGINA HR SERVICES, INC.

7291 NW 74 Street  
Miami, FL 33166

September 14, 2016

Florida Department of State Division of Corporations

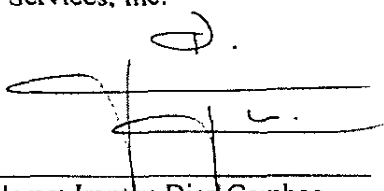
Re: Consent to Similar Name

To Whom It May Concern:

As the President of Imagina HR Services, Inc., a Florida corporation (the "Corporation"), and BI HR Services, LLC, a Florida limited liability company (the "LLC"), I hereby consent on behalf of the Corporation to the change of the LLC's name to Imagina HR Services, LLC.

Regards,

Imagina HR Services, Inc.

By:   
Name: Irantzu Diez Gamboa  
Title: President

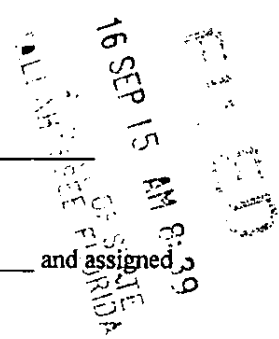
FILED  
16 SEP 15 AM 8:39  
STATE  
OF FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

BI HR Services, 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 Liability Company were filed on 04/05/2012 and assigned  
Florida document number L12000047123.



This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Imagina HR Services, LLC.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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 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> | <u>Address</u> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Change |
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|              |             |                | <input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Change |

SEP 15 AM 9:30  
STATES  
1000

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

16 SEP 15 AM 8:39  
STATE OF FLORIDA  
CLERK OF THE COURT

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)(b)

**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 September 13, 2016

Signature of a member or authorized representative of a member

Irantzu Diez Gamboa, President

Typed or printed name of signee