## 112000123443

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WAIT MAIL
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Certificates of Status
g Officer:





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D. SCOTT JUN 1 9 2017

## **COVER LETTER**

Division of Cor				
	ervice Teks LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Robert Fernandez			
	<del></del>	Name of Person		
	Building Service Teks LL0	C		
	•	Firm/Company		
	15701 SW 20 St			
		Address		
	Miramar, FL 33027			型名 ゴ
	robert@zenseller.com	City/State and Zip Code		量町
	-	to be used for future annual report notific	cation)	WINSEN
For further information of	concerning this matter, please ca	all:		是
Robert Fernandez		954 648-7966 at ()		FILED WII: 33
Name o	f Person		Telephone Number	
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &
	ING ADDRESS:	STREET/COURIE Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Building sense Taks	SLLC	
(Name of the Camited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number 12000123443.	vere filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	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:  (Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	SE ST TO
	, Florida	789 =
	City	Zip Code 😘
New Registered Agent's Signature, if changing Registered Agent:		31-

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
AMBR	Woodrow R Rorrer III	4738 SW 74 Ave, Miami, FL 3315 <b>5</b>	Add
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lote: If the	date, if other we date is listed, the he date inserted 's effective date	in this block	does not me	eet the appl	icable statuto	ing or more than ry filing requir	(option 90 days after fements, this	nal) iling.) Pursuant to 605.020 date will not be listed a
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Filing Fee: \$25.00