L1300065681

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PłCK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE
AND ANASSEE, FLORID

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COVER LETTER

BIDBUMF SUBJECT:	PERS LLC		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CHRISTIAN CARMONA		
		Name of Person	
	BIDBUMPERS LLC		
		Firm/Company	
	4970 SW 52ND ST STE 3	20	
	- Tan	Address	
	DAVIE, FL 33314		•
		City/State and Zip Code	
	CCARMONA@BIDBUMF		
		to be used for future annual report notif	ication)
For further information c	concerning this matter, please co	all:	
CHRISTIAN CARMON	IA .	954 245-1336 at ()	
Name o	f Person	Area Code Daytime	e 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)	☐ \$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

BIBUMPERS LLC

(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited I		
Florida document number L13000065681		04/18/2017 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company	<u>/ here</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," tl	he designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and registered agent and/or the new registered of		on our records, enter the name of the new
Name of New Registered Agent:	ALEXANDER VELEZ	
	ALEXANDER VELEZ 4970 SW 52ND ST STE 320	
Name of New Registered Agent: New Registered Office Address:	4970 SW 52ND ST STE 320	Florida street address
	4970 SW 52ND ST STE 320 Enter of the state	
New Registered Office Address:	4970 SW 52ND ST STE 320 Enter of City:	Florida street address, Florida \frac{33314}{\intercellanta}
New Registered Office Address: New Registered Agent's Signature, if changing	4970 SW 52ND ST STE 320 Enter of the City City Registered Agent:	

Page 1 of 3

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	ALEXANDER VELEZ	50 GUION PLACE APT 7H	■ Add
		NEW ROCHELLE,NY 10801	□ Remove
			Change
MGR	CHRISTIAN CARMONA	4121 STIRLING RD APT 201	
		DAVIE, FL 33314	■ Remove
			Change
			☐ Add
			□ Remove
			□ Change
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	e, if other than the is listed, the date manter inserted in this b	e date of filing ust be specific and block does not n Department of S	neet the applical	date of filing or mor ole statutory filing	(option than 90 days after requirements, this	onal) filing.) Pursuant i s date will not b	to 605.020 e listed a
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te: If the da cument's eff record sp The 90th o	ecifies a delaye day after the re	cord is filed.	, 2017	an effective tir		SECRETARY TALLAHASSE	
ite: If the da cument's eff record sp	ecifies a delayed ay after the re	Signature of a s	, 2017	ized representative o		SECRE TALLAH	- T

Filing Fee: \$25.00