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COVER LETTER

Div	ision of Corp BIDBUMPI					
SUBJECT:			ted Liability Company			
The enclosed	l Articles of a	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		CHRISTIAN CARMONA				
			Name of Person			
		BIDBUMPERS LLC				
		Firm/Company				
		4970 SW 52ND ST STE 32	20			
			Address			
		DAVIE, FL 33314				
		City/State and Zip Code CCARMONA@BIDBUMPERS.COM				
			to be used for future annual report notific	cation)		
For further i	nformation co	oncerning this matter, please ca	all:			
CHRISTIA	N CARMON	A	954 245-1336			
Name of Person		Person	at () Area Code Daytime	Telephone Number		
Enclosed is:	a check for th	e following amount:				
≒ \$25.00 I	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)		
	MAIL	ING ADDRESS:	STREET/COURIE	CR ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

TO: · Registration Section

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PILED

2017 JUL 21 PH 4: 12

FALLAHASSTE. FLORID:

BIDBUMPERS 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 L		ere filed on 04/18/2017	and assigned	
Florida document number L13000065681	·			
This amendment is submitted to amend the foll				
A. If amending name, enter the new name o	f the limited liabili	ty company here:		
79	1 001 1 14 1 144		witten a state of miles	
The new name must be distinguishable and contain the v	vords "Limited Liability	Company, the designation	i"EEC or the abbreviation "E.E.C.	
Enter new principal offices address, if applic	cable:			
(Principal office address MUST BE A STREE	<u>ET ADDRESS)</u>			
Enter new mailing address, if applicable:		 		
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and	or registered offi	ce address on our re	cords, enter the name of the new	
registered agent and/or the new registered o	•			
Name of Street Booking and Access	CHRISTIAN CA	RMONA		
Name of New Registered Agent:				
New Registered Office Address:	4970 SW 52ND ST STE 320 Enter Florida street address			
	ĐAVIE			
		City	, Florida	
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as reg- being filed to merely reflect a change in the company has been notified in writing of this	ed agent and agree per and complete p istered agent as pr registered office a	erformance of my duti ovided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is	
	If Chang	ing Registery Agent, Sign	ature of New Registered Agent	

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MANAG	ALEXANDER VELEZ	50 GUION PLACE APT 7H	
		NEW ROCHELLE,NY 10801	≅ Remove
			☐ Change
MANAG	CHRISTIAN CARMONA	4121 STRILING RD APT 201	■ Add
		DAVIE, FL 33314	□ Remove
			Change
			Add
			201 EURE VARIASSE
			P Remove
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(If an ef) <u>Note:</u>	tive date, if other than the free tive date is listed, the date in this ment's effective date on the	nust be specific a block does not	and cannot be pr t meet the app	licable statutory	or more than 90 day		
	cord specifies a delay e 90th day after the r			not an effecti	ve time, at 12	:01 a.m. on	the earlier of
	JULY 7		2017				
Datad			· ·				
Dated							
Dated	//				ative of a member		

Page 3 of 3

Filing Fee: \$25.00