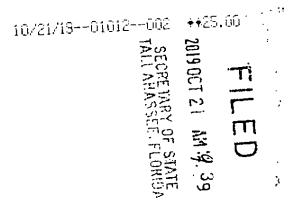
13000065681

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
ertified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



700335544897



NOV 0 6 2019

COVER LETTER

TO: Registratio Division of	n Section Corporations		
SUBJECT:	nd burners LLC Name of Lim	ited Liability Company (•
The enclosed Article	s of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corr	espondence concerning this matter	to the following:	
	Chris	Name of Person	
		Firm/Company	
		Address	
		City/State and Zip Code	
	E-mail address: ()	to be used for future annual report notif	ication)
For further informati	on concerning this matter, please ea	all:	
<u>C </u>	me of Person	at (<u>954</u>) <u>245-13</u> Area Code Daytime	Telephone Number
Enclosed is a check	or the following amount:		
S25.00 Filing Fe	e S30.00 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:

TO:

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

Bidhilmores LIC -

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on s / 03 / 13 and assigned
Florida document number <u>L 13 0 000 6 56 8 1</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabit	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Pompono Beach, FL 33060
(Principal office address MUST BE A STREET ADDRESS)	Pompono Beach, FL 33060
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Pompono Breach, IFC 33060
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
	with a sum

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>	Type of Action
			Add
			Remove
			☐ Change
			Add
			☐ Remove
			Change
		·	Add
			Remove
			Change
			Remove
			☐ Change
			Add
			Remove
			Change
			
			☐ Remove
			Change

•	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	· · · · · · · · · · · · · · · · · · ·
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
(If an effect Note: 1	tive date, if other than the date of filing:
f the reco b) The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	October 8 , 2019
	1 Jan 1 m
	Signature of a member or authorized representative of a member
	Christia Carmona
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00