

L17 000088665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

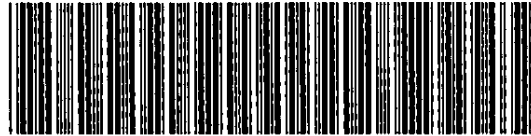
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300257519153

03/10/14--01049--023 \*\*25.00

14 APR 16 PM 2:58  
TALLAHASSEE, FLORIDA

J. Stivers MAR 11 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **BIDRAIN SA, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**JOSEPH JACKSON, CPA**

Name of Person

**SHARFF, WITTMER, KURTZ**

Firm/Company

**4627 PONCE DE LEON BLVD.**

Address

**CORAL GABLES, FL 33146**

City/State and Zip Code

**JJACKSON@SWKJ-CPA.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**JOSEPH JACKSON, CPA** at **(305) 666-7229**

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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**

**BIDRAIN SA, 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 06/19/2013 and assigned Florida document number L13000088665.

This amendment is submitted to amend the following:

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

**BIDARIN SA, LLC**

The new name must be distinguishable and end with the words "Limited Liability 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 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*

, Florida

*City*

*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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	PABLO NOGUES	20900 N.E. 30 AVENUE	<input checked="" type="checkbox"/> Add
		APT. 800	<input type="checkbox"/> Remove
		AVENTURA, FL 33180	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

RECEIVED  
FEB 10 2010  
FIDELITY INVESTMENT  
CORPORATION

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

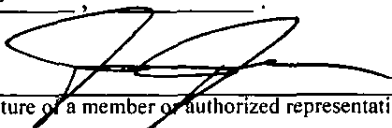
**CHANGE THE NAME MANAGING MEMBER**

**IT IS NOT BIDRAIN, SA IT IS BIDARIN SA**

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **FEBRUARY 28TH, 2014**

  
Signature of a member or authorized representative of a member

**JOSEPH M. JACKSON, CPA**

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
TALLAHASSEE, FLORIDA  
JAN 28 2014  
PM 2:33